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City of Salford.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1926.

BY

H. OSBORNE,

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Members of the Health Committee,

1926-1927.

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Councillor Corbey, J.P., *Deputy-Chairman.*

Alderman Rothwell, J.P. (*Mayor*).

,, Delves, J.P. (*Deputy-Mayor*).

Councillor Bloom.

,, Clampitt.

,, Connolly.

,, Cuttiford.

,, Dale, J. P.

Councillor Emery.

,, Higginbottom.

,, Jackson, J.P.

,, Kay.

,, Kearns.

,, Richardson, A.

,, Starkey.

,, Weir.

Also co-opted for Housing Purposes :—

Mrs. Berry	Representing the Pendleton Co-operative Industrial Society Limited.
Mrs. Cuddeford, J.P.	A member of the Maternity and Child Welfare Sub-Committee.
Miss E. Bowden ...	Representing the Manchester and Salford Women Citizens' Association.

STAFF.

Medical Officer of Health Medical Officer to the Education Committee Administrative Tuberculosis Officer	H. Osborne, M.D., M.R.C.S., D.P.H., etc.
Honorary Consulting Medical Officer	C. H. Tattersall, M.R.C.S., L.R.C.P., D.P.H.
Clinical Tuberculosis Officers	E. N. Ramsbottom, M.A., M.D. (Lond.), B.S., B.Sc., D.P.H., M.R.C.S., L.R.C.P. J. G. McKinlay, M.B., Ch.B., D.P.H.
Medical Superintendent, Ladywell Sanatorium	W. Edge, M.R.C.S., L.R.C.P., D.P.H.
Assistant Resident Medical Officer, Ladywell Sanatorium	J. L. Bradley, M.B., B.Ch., B.A.O.
Resident Medical Officer, Nab Top Tuberculosis Sanatorium, Marple	H. M. Fleming, B.A., M.D., B.A.O., D.P.H.
Assistant Medical Officers for the Medical Inspection of School Children.	H. Heathcote, M.D., D.P.H. C. Heathcote, M.B., Ch.B. P. Daly Connolly, M.B., Ch.B., D.P.H. E. R. A. Merewether, M.D., M.B., B.S.
School Ophthalmic Officer	J. L. Meynell, M.R.C.S., L.R.C.P., D.P.H. (to 21st May, 1926). H. G. Parker, F.R.C.S., L.R.C.S., L.R.C.P. (from 28th September, 1926).
School Dentists	H. Mallinson, L.D.S.; A. E. Sherratt, L.D.S.; A. V. Littlewood, L.D.S.
Child Welfare Medical Officers (Whole Time)	H. K. Brade-Birks, M.Sc., M.B., Ch.B., M.R.C.S., D.P.H. (Senior). F. G. Wilcocks, M.B., Ch.B., D.P.H. B. Goodson, M.B., Ch.B. (to 20th May, 1926). D. E. P. Jolly, M.B., B.S., M.R.C.P., D.P.H. (from 6th September, 1926).
Child Welfare Medical Officer (Part Time)	E. C. Byrd, M.B., Ch.B., M.Sc.
Veterinary Inspector	J. D. Whitehead, F.R.C.V.S., D.V.S.M.
Public Analyst	H. H. Bagnall, B.Sc., F.I.C.
Chief Sanitary Inspector	J. P. Cargill, M.R.S.I.
Chief Clerk	E. Wood.

TO THE HEALTH COMMITTEE OF THE CITY OF SALFORD.

Gentlemen,

I have the honour to present my report on the Health of the City and the work of the Public Health Department for the year 1926.

In so doing, I would take this opportunity of calling your attention to the following more important features of the year's work of the Department.

It will be observed that some of these items deal with matters purely of administration, but by virtue of their bearing upon the efficiency of the machinery under your control and the evolution of a healthier Salford, I have thought them worthy of special mention in this Report.

Death Rate.

It is a noteworthy fact that, in spite of the unemployment and consequent distress resulting from the dispute in the mining industry, the death rate for Salford for the year 1926 is by far the lowest on record, viz., 12·4 deaths per 1,000 of the population, the lowest death rate previously recorded being 13·5 (in 1923). The total number of deaths occurring in Salford in 1926 was 3,082 a reduction of 329 as compared with the year 1925. It is interesting to note that the deaths from Bronchitis and Pneumonia during 1926 were 58 and 52 respectively fewer than in the previous year. In the opinion of the writer, there is reason to believe that these important reductions may, to some extent, be connected with the greatly improved atmospheric conditions obtaining during the period of the industrial dispute. This question has been dealt with in the section of this Report dealing with Atmospheric Pollution.

Amongst other diseases, the most remarkable improvements were as follows :—

	1925.	1926.	Reduction
Deaths from Whooping Cough.....	73	18	55
,, ,, Influenza	84	39	45
,, ,, Diarrhœa and Enteritis	114	80	34

Six fewer deaths occurred from Diphtheria and Croup in 1926 than in 1925, in spite of the fact that 157 more cases of Diphtheria were notified.

It is significant that the only disease causing any serious increase in mortality during the year is Cancer. the number of deaths from which increased by 26. The rate of mortality from this disease has increased steadily in Salford, as may be seen from the following table :—

Year.	Rate of Mortality per 1,000 Population from Cancer.
1878	0·5
1883	0·4
1888	0·5
1893	0·6
1898	0·8
1903	0·7
1908	0·7
1913	1·0
1918	1·1
1923	1·2
1926	1·3

The steady increase in the Cancer death rate is common to the whole country.

Birth Rate.

The Birth Rate of 18·2 per 1,000 of the population is also the lowest on record for Salford, the previous lowest rate being 18·3 for the last year of the War—1918. The continuous reduction in the Birth Rate is, of course, by no means peculiar to Salford, but is merely a reflection of what is happening throughout the country.

Infantile Mortality Rate.

Infantile Mortality for the year 1926 shows a reduction in the number of deaths under one year of age per 1,000 births to 103. The Infantile Mortality Rate for Salford still compares very unfavourably with that for the whole of England and Wales, which, for the year 1926, was 70, and is even worse than the average of the whole of the Northern County Boroughs for the same year, viz., 90. The congested housing conditions are, in my opinion, largely responsible for the relatively high infantile mortality rate in this City, but we should not lose sight of the fact that in the last ten years a reduction of almost 20 per cent in this rate has been effected in Salford.

Scheme for Supplying Milk to Necessitous Cases.

As was only to be expected, the effects of the industrial dispute made themselves felt in connection with the above mentioned scheme, not only during the period of the actual stoppage in the coal industry, but for some time afterwards.

The Committee realised that if the young children of the City were not to suffer, it would be necessary to spend considerably more upon the provision of milk in necessitous cases than was estimated at the beginning of the year, and the necessary additional expenditure was approved by the Council in spite of the fact that the Ministry of Health had suggested that expenditure incurred in this connection which was due to the dispute, should be borne by the Guardians.

Maternity and Child Welfare Clinic and Centres.

It is to be regretted that it was not found possible during 1926 to effect any improvement in the way of providing additional or more satisfactory Clinics or Centres for your Maternity and Child Welfare work. The increase in the number of attendances at the Regent Road Clinic makes it almost imperative that larger and more suitable premises should be acquired in this District at an early date.

Municipal Maternity Home and Babies' Hospital.

It is not too much to say that this Institution has more than justified all expectations. Details as to the numbers of births and sick babies treated in the Institution during 1926 are given later in this Report (see page 287). The outstanding feature is that at times the accommodation provided in the Home for Maternity cases (10 beds) is inadequate to meet the demands made upon it, in spite of the fact that, in most cases, it has been found possible to reduce the lying-in period in the Instititution from 14 days to 11 days.

There is no doubt as to the mental and physical benefits to be derived from the transference of expectant mothers from what are often unhygienic and depressing surroundings to the infinitely better conditions obtaining in your Maternity Home, and it will be advisable for the Health Committee, at some future date, to consider the question of increasing this accommodation.

Your Maternity and Child Welfare Officers are of opinion that great advantages have been derived from the use of the Electric Arc Lamp installed in 1925 for the treatment of children affected with rickets. In practically every case a marked improvement has been observed in the children subjected to "Artificial Sunlight" treatment, and there is strong reason to believe that an "Artificial Sunlight" Clinic established in conjunction with your principal Maternity and Child Welfare Clinic would have very beneficial results.

Midwives and Maternity Homes Act, 1926.

I would here draw attention to an Act of Parliament, namely, the Midwives and Maternity Homes Act, 1926, a portion of which came into operation on the 1st October, 1926. The most important provision of the portion of the Act referred to makes it an offence for any person other than a certified midwife to attend women in childbirth, whether habitually or not, except under the direction of a qualified medical practitioner or in case of emergency, and should certainly prove of assistance in ensuring that child-bearing women have skilled attention at these critical periods.

The second portion of this Act, which deals with the registration and inspection of Maternity Homes, confers important powers, but, as it did not come into operation until the 1st January, 1927, no remarks have been included in this Report as to the results of its administration.

Tuberculosis.

The death rate per 1,000 of the population from phthisis remains the same as for the previous year, namely, 1·3. In deaths from other forms of tuberculosis there is some improvement, the number of deaths having been reduced from 67 to 51.

I am of the opinion that the most important steps in the prevention of the spread of tuberculosis lie (*a*) in the provision of open air schools for delicate children in whom there may be a tendency towards this disease; (*b*) in the building of schools on open air lines, wherever possible, for sound children; (*c*) in the isolation of advanced cases in special institutions where they cannot be the means of infecting others; (*d*) in the education of the public as to a healthy mode of living; and (*e*) in improved housing.

The recent increase in the accommodation for advanced cases at the Ladywell Sanatorium is a valuable preventive measure. The possibility of the spread of infection in crowded households is not always sufficiently appreciated by the patients or by the members of their families. The compulsory powers provided by the Public Health Act, 1925, and the Salford Corporation Act, 1920, for the removal of a patient to an Institution, have not yet been invoked, but it may be necessary to make use of them in extreme cases.

In dealing with persons already suffering from the disease, stress is laid upon the necessity for observing simple rules of health as to food, personal hygiene, and the value of fresh air. These rules apply equally well, of course, to the ordinary healthy person, and it is their neglect which in many cases leads to the onset of tuberculosis, by lowering the resisting power of the body. To a great extent each individual can protect himself or herself against tuberculosis by realising that this disease can, in many cases, be warded off by the use of common sense in one's mode of life.

Ladywell Sanatorium.

(A) TREATMENT OF TUBERCULOSIS.

The only alteration of note in the accommodation provided at the Ladywell Sanatorium during 1926 was the provision of 12 additional beds for the treatment of Tuberculosis. These beds were provided in the existing Wards by means of the installation of screens placed midway in twelve of the inter-window spaces, the beds being placed immediately adjacent to and on either side of the screens. It is intended to install 18 beds altogether by this system, which provision, it is hoped, will meet the necessities of the case for some considerable time.

(B) PROVISION OF WIRELESS APPARATUS FOR TUBERCULOUS PATIENTS.

As a result of the Committee's decision to provide wireless apparatus for the Tuberculous patients in the

Sanatorium, the necessary work was commenced before the end of the year under review.

(C) ELECTRICAL RE-WIRING.

The City Electrical Engineer having reported during the year that the electrical wiring of the Sanatorium was in a bad and dangerous condition, the Committee decided to at once proceed with the re-wiring of the whole Institution. Some progress had been made with the work by the end of the year, but I anticipate that it will be several months before it is completed.

(D) LAUNDRY.

It was decided in May, 1926, to utilise to a much greater extent the Laundry at the Sanatorium, by carrying out there the laundering of the whole of the articles required for the Sanatorium, the Maternity Home and Babies' Hospital, the Municipal Offices and Child Welfare Centres, and the towels used in the Public Lavatories. In addition, arrangements were made with the Education Committee for the laundering required by the Open Air Schools and the School for the Partially Blind to be carried out at the Sanatorium Laundry. As previously reported, the arrangements adopted in the laundry obviate any possible risk of infection, and have given complete satisfaction. The average number of articles washed per week under the new arrangements during the year 1926 was 8,750.

Drinkwater Park Hospital-Treatment of Smallpox.

The Drinkwater Park Hospital was opened for the treatment of patients suffering from Smallpox from 24th May to 2nd November, 1926. During this period, cases were admitted from Bolton, Eccles, Urmston, Barton-upon-Irwell, and Irlam. The Authorities of all these areas had entered into agreement with the Salford Corporation for the reservation of beds at the Drinkwater Park Hospital. In the case of Irlam, special financial arrangements were made in connection with the admission of cases exceeding the number for which beds had been reserved.

It is worthy of note, that, although Smallpox occurred in so many areas within a small radius of, and in several cases actually adjacent to, Salford, not a single case of Smallpox occurred in the City during 1926.

Fuel Supply during Industrial Dispute.

In common with all other large consumers of fuel, your Committee spent considerably more than the amount estimated upon the provision of fuel for their various institutions and offices during 1926. Thanks, however, to the assistance readily afforded by the Gas and Electricity Committees, little difficulty was experienced in obtaining the necessary supplies.

Window Displays.

An attempt to interest the public in public health subjects was commenced in the Summer by presenting in the windows of the Health Department fronting Regent Road, exhibits dealing with various activities of your Department. The subjects dealt with during the last few months of the year included " The Fly Evil " ; " The Care of the Child " ; " Food and Food Adulteration " ; and " Pure Milk—The Perfect Food."

These displays have attracted considerable attention, both from the public and in the press, and, apart from the initial expense of adapting the windows for this purpose, have been carried out at a negligible cost. It is intended to continue this very cheap and effective means of propaganda by dealing with other aspects of public health work in a similar way.

Photographs of window exhibits are included in the Section dealing with "Public Health Propaganda"—pages 79 to 89.

Purchasing of Stores for Institutions.

With a view to effecting economies and at the same time standardising the qualities of the goods required by the Health Department, your Committee commenced, in June, 1926, to enter into contracts for the purchase of the whole of the soft goods, crockery, and hardware required by the Health Department and the various Institutions connected therewith, annually, at the same time, and from the same sources. This method had previously been applied to the purchase of foodstuffs required by your Hospitals, with satisfactory results. This process of centralisation has not only greatly simplified the ordering of supplies, but has effected considerable economies.

At the request of the Education Committee, the Meat required for the Open Air Schools, the School for the Partially Blind, and the Free Meals for Necessitous School Children, has been purchased since February, 1926, under the same Contracts as that required for the Committee's Institutions, with entirely satisfactory results.

In this connection, the special knowledge of Mr. J. D. Whitehead, your Veterinary Inspector, was found to be of considerable assistance.

Special Reports.

Attention is called to the following Special Reports included in this volume :—

(1) Atmospheric Pollution ....pages 63 to 77

(2) Public Health Propaganda........pages 79 to 89

(3) Municipal Lodging House (Salford House). ....pages 91 to 96

(4) The Inception, Growth, and Development of the School Medical Service in Salford. ......pages 145 to 224

I have the honour to be, Gentlemen,

Your obedient Servant,

H. OSBORNE,

Medical Officer of Health.

The Public Health Department,
143, Regent Road,
Salford,
1926.

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SECTION 1.

Mortality Statistics.

STATISTICAL SUMMARY, 1926.

Area.—The City of Salford has a total area of 5,202 acres.

Population.—Estimated to the middle of the year 247,400

„ **(Census, 1921)** *234,045

Density.—The Mean Density of the City is equal to 47·56 persons per acre.

Deaths { **Males 1,610**
Females 1,472 } **Total** 3,082

Annual Rate of Mortality per 1,000—of the Population ..... 12·4

Births { **Males 2,292**
Females 2,219 } **Total** 4,511

Annual Rate of Births per 1,000 of the Population .... 18·2

Deaths under one year of age per 1,000 Births............ 103

Number of women dying in consequence of childbirth 14

---

* Owing to the census having taken place during the holiday season, this figure is low. The Registrar-General estimated the normal resident population at mid-year 1921 to be 239,100.

TABLE M. 3.

Deaths in Wards for the Year 1926.

Causes of Death.	At all Ages.																
	City.	Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park.	Ordsall Park.	Regent.	St. Matthias'.	St. Paul's.	St. Thomas'.	Seedley.	Trinity.	Weaste.
Malaria	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	43	1	4	..	5	1	..	2	1	4	1	9	5	3	..	6	1
Scarlet Fever	3	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..
Whooping Cough	18	1	2	..	3	..	2	1	1	1	1	1	1	..	1	3	..
Diphtheria and Croup	19	..	..	..	2	1	1	1	..	..	1	5	1	..	1	6	..
Chicken Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	39	2	3	2	2	3	5	1	1	5	6	2	1	3	1	1	1
Erysipelas	6	..	..	..	1	..	..	..	..	1	1	1	1	..	..	1	..
Encephalitis Lethargica	6	..	..	2	1	..	..	..	2	..	..	..	1	..	..	..	..
Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberc.)	321	15	17	4	42	26	12	15	15	21	38	18	16	21	9	37	15
Tuberc: Meningitis	25	..	2	..	4	..	3	1	..	1	1	2	4	1	1	2	3
Other tuberculous diseases	26	..	1	..	7	..	1	1	..	2	4	4	..	1	1	4	..
Cancer (Malignant Disease)	321	24	18	16	24	23	15	17	20	22	29	20	13	19	9	26	26

Rheumatic Fever	19	3	3	..	..	1	2	1	..	4	2	..	1	1	1	..	..
Meningitis	14	3	..	2	..	1	..	..	..	1	..	1	..	..	1	2	3
Cerebro-Spinal Meningitis	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Poliomyelitis	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Organic Heart Disease	248	17	12	13	24	17	9	12	25	11	19	12	9	19	10	20	19
Bronchitis	388	29	24	12	45	10	10	17	21	30	46	33	23	30	5	37	16
Pneumonia (all forms)	259	7	14	5	36	8	9	15	12	20	30	19	19	18	7	28	12
Other Diseases of Respiratory Organs	49	2	4	1	2	6	3	3	2	7	3	1	2	3	2	4	4
Diarrhœa and Enteritis	80	1	4	2	19	6	..	2	8	9	7	6	4	2	2	7	1
Appendicitis and Typhlitis	13	1	1	1	..	1	1	2	..	2	1	1	..	1	1	..	..
Cirrhosis of Liver	13	..	1	2	2	1	1	2	1	1	1	1	..	..	..	..	..
Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease	52	4	3	5	10	3	2	1	6	1	8	1	2	..	..	5	1
Puerperal Fever	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Other Accidents and Diseases of Pregnancy and Parturition	13	2	..	..	1	1	..	..	..	..	2	1	2	1	2	..	1
Congenital Debility and Malformation	92	4	4	1	11	4	6	5	5	4	5	12	8	4	4	10	5
Premature Birth	75	3	7	1	3	3	3	..	4	7	6	7	2	5	4	11	9
Violent Deaths (excluding Suicide)	82	5	4	3	10	3	4	1	5	8	6	3	7	8	3	7	5
Suicide	28	2	2	..	7	2	1	1	2	1	1	..	1	5	..	1	2
Other Defined Diseases	788	77	57	34	60	51	38	33	46	54	65	77	38	39	29	54	36
Ill-defined or Unknown	37	..	1	..	3	5	2	1	4	3	4	3	4	..	2	2	3
Totals	**3082**	**203**	**188**	**106**	**324**	**180**	**130**	**135**	**183**	**220**	**289**	**241**	**165**	**184**	**96**	**275**	**163**

TABLE M. 4.

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1926.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.								
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.
ALL CAUSES—Certified	3081	463	114	81	95	168	375	827	958
Uncertified	1	1	..	..	..	..	..	..	..
Malaria	1	..	..	..	..	..	..	..	1
Enteric Fever	1	..	..	..	..	..	..	1	..
Small Pox	..	..	..	..	..	..	..	..	..
Measles	43	19	11	10	2	1	..	..	..
Scarlet Fever	3	..	1	1	1	..	..	..	..
Whooping Cough	18	11	2	4	1	..	..	..	..
Diphtheria and Croup	19	1	3	6	8	..	..	1	..
Chicken Pox	..	..	..	..	..	..	..	..	..
Influenza	39	..	..	1	..	2	7	14	15
Erysipelas	6	1	..	..	1	..	..	1	3
Encephalitis Lethargica	6	..	..	..	1	1	1	2	1
Anthrax	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	321	2	3	2	4	80	134	85	11
Tuberculous Meningitis	25	5	3	7	7	3	..	..	..
Other Tuberculous Diseases	26	3	4	..	4	6	6	3	..
Cancer, malignant disease	321	..	..	..	1	2	27	172	119
Rheumatic Fever	19	..	..	1	7	1	1	5	4
Meningitis	14	5	..	1	2	2	2	2	..
Cerebro-Spinal Meningitis	2	1	..	1	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..
Organic Heart Disease	248	1	..	1	2	10	28	72	134
Bronchitis	388	36	11	8	..	2	20	112	199
Pneumonia (all forms)	259	84	36	23	11	10	21	49	25
Other diseases of Respiratory organs	49	2	1	3	3	2	8	18	12
Diarrhœa and Enteritis	80	68	12	..	..	..	..	..	..
Appendicitis and Typhlitis	13	..	..	..	3	5	1	2	2
Cirrhosis of Liver	13	..	..	..	1	1	1	5	5
Alcoholism	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease	52	..	..	..	1	2	8	26	15
Puerperal Fever	1	..	..	..	..	..	1	..	..
Other accidents and diseases of Pregnancy and Parturition	13	..	..	..	..	1	12	..	..
Congenital Debility and Malformation	92	88	1	2	..	..	1	..	..
Premature Birth	75	75	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide	82	4	3	4	14	3	16	17	21
Suicide	28	..	..	..	..	2	8	11	7
Other Defined Diseases	788	52	22	6	21	31	68	213	375
Diseases ill-defined or unknown	37	6	1	..	..	1	4	16	9
Totals	3082	464	114	81	95	168	375	827	958

TABLE M. 7.

Births in the City of Salford and in its Wards, distinguishing Deaths of Legitimate and Illegitimate Infants under One Year old. For the Year 1926.

Ward.	Births.		Percentage of Illegit. Births to total Births.	Deaths under One Year.		Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Illegit.		Total.	Illegit.	Total.	Legit.	Illegit.
Albert Park	293	9	3·1	17	..	58	60	..
Charlestown	329	7	2·1	28	4	85	74	571
Claremont	90	1	1·1	6	1	67	56	1,000
Crescent	467	21	4·5	60	7	129	119	333
Docks	222	11	4·9	22	2	99	95	182
Kersal	197	6	3·0	17	1	86	84	167
Langworthy	167	2	1·2	14	2	84	73	1,000
Mandley Park	250	15	6·0	26	1	104	106	67
Ordsall Park	384	20	5·2	41	1	107	110	50
Regent	383	9	2·3	38	2	99	96	222
St. Matthias'	347	10	2·9	49	2	141	139	200
St. Paul's	302	14	4·6	33	..	109	115	..
St. Thomas'	319	7	2·2	24	1	75	74	143
Seedley	131	5	3·8	12	..	92	95	..
Trinity	421	20	4·8	53	5	126	120	250
Weaste	209	5	2·4	24	1	115	113	200
Totals	**4,511**	**162**	**3·6**	**464**	**30**	**103**	**100**	**185**
Corresponding Data for the City for the Ten Years 1916-1925.								
City	**50,499**	**2,300**	**4·6**	**5,541**	**421**	**110**	**106**	**183**

TABLE M. 8.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1000 BIRTHS DURING THE YEARS 1915 TO 1926.

Year.	Births.			Percentage of Illegitimate Births to Total Births.	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1915....	5455	5257	198	3·6	733	692	41	134	132	207
1916....	5091	4894	197	3·9	587	544	43	115	112	218
1917....	4452	4234	218	4·9	551	498	53	124	118	243
1918....	4282	4043	239	5·5	478	436	42	111	107	175
1919....	4435	4179	256	5·8	501	466	35	113	111	137
1920....	6441	6170	271	4·2	630	584	46	97	94	169
1921....	5993	5702	291	4·8	641	585	56	107	102	192
1922....	5416	5169	247	4·5	599	564	35	110	109	141
1923....	5047	4841	206	4·1	493	458	35	98	95	170
1924....	4745	4569	176	3·7	579	533	46	122	117	261
1925....	4597	4398	199	4·3	482	452	30	105	103	151
1926 ..	4511	4349	162	3·6	464	434	30	103	100	185

TABLE M. 14.

Showing the Birth-Rates, also Rates of Mortality from all causes, from the Seven Principal Zymotic Diseases, and from Phthisis, Cancer, Nervous Diseases, Heart Diseases, Bronchitis, Pneumonia, and the Infant Mortality Rate, during the Years 1878 to 1926.

ars.	Population.	Rates per 1,000 Population from									Deaths under One Year to 1,000 Births.	Marriage Rate.
		Births.	Deaths, All Causes.	Seven Principal Zymotic Diseases.	Phthisis.	Cancer.	Nervous Diseases.	Heart Diseases.	Bronchitis.	Pneumonia.		
78..	160,277	44·7	27·1	5·4	2·7	0·5	3·5	1·1	3·6	1·8	185	17·9
79*	165,899	43·0	26·7	4·2	2·9	0·4	3·7	1·2	4·3	1·8	170	15·2
80..	171,727	41·4	27·9	7·4	2·7	0·4	3·2	0·9	3·4	1·9	197	16·6
81..	177,760	38·8	22·5	3·0	2·5	0·5	3·1	1·1	3·6	1·6	163	16·4
82..	179,855	39·7	23·7	4·0	2·4	0·4	3·6	1·1	2·8	1·7	177	16 9
erage 5 years.		**41·5**	**25·6**	**4·8**	**2·6**	**0·4**	**3·4**	**1·1**	**3·5**	**1·8**	**178**	**16·6**
83..	181,951	37·3	23·6	3·4	2·7	0·4	3·1	1·2	3·0	1·7	171	16·1
84*	184,047	38·8	24·4	4·4	2·6	0·5	2·9	1·1	2·8	1·7	184	16·1
85..	186,142	37·6	23·0	3·6	2·6	0·5	2·9	1·2	3·0	1·9	174	16·1
86..	188,238	38·5	24·8	4·1	2·6	0·5	2·8	1·3	3·3	1·8	197	15·3
87..	190,334	36·6	25·5	4·9	2·3	0·5	3·2	1·3	2·9	2·2	195	15·4
erage 5 years.		**37·8**	**24·3**	**4·1**	**2·6**	**0·5**	**3·0**	**1·2**	**3·0**	**1·9**	**184**	**15·8**
88..	192,429	37·1	24·8	3·9	2·3	0·5	3·0	1·1	3·0	2·1	184	15·2
89..	194,525	35·9	25·1	5·3	1·9	0·6	2·5	1·3	2·6	1·9	181	16·7
90*	196,621	36·1	27·7	4·4	2·2	0·5	2·0	1·3	3·4	3·8	198	17·5
91..	198,775	36·3	26·0	3·4	2·2	0·5	2·2	1·1	3·7	3·0	194	18·1
92..	200,833	35·8	24·6	4·6	1·9	0·6	2·0	1·2	2·6	2·9	186	16·7
erage 5 years.		**36·2**	**25·6**	**4·3**	**2·1**	**0·5**	**2·3**	**1·2**	**3·1**	**2·7**	**189**	**16·8**
93..	203,015	34·7	24·1	4·2	1·9	0·6	2·0	1·4	2·6	2·3	211	16·2
94..	205,220	34·3	21·1	3·3	1·8	0·6	2·0	1·1	1·9	2·3	174	17·1
95..	207,449	35·9	25·6	5·0	1·9	0·6	2·0	1·3	2·6	2·7	229	17·4
96*	209,703	35·6	23·1	4·2	1·5	0·6	2·3	1·4	2·2	2·7	200	18·1
97..	211,981	35·2	23·9	5·6	1·8	0·6	2·1	1·3	2·4	2·1	219	18·6
erage 5 years.		**35·1**	**23·6**	**4·5**	**1·8**	**0·6**	**2·1**	**1·3**	**2·3**	**2·4**	**207**	**17·5**
98..	214,284	34·9	22·8	4·2	1·8	0·8	2·2	1·2	2·2	2·2	213	18·6
99..	216,612	34·1	23·9	4·4	1·8	0·6	2·3	1·4	2·5	2·7	211	18·7
00.	218,965	33·3	25·3	4·1	1·8	0·6	2·4	1·7	3·2	2·8	208	17·3
01.	221,212	29·2	21·7	4·2	1·8	0·7	1·9	1·5	2·3	1·9	205	17·9
02*	222,233	34·0	19·3	2·7	1·7	0·7	2·0	1·5	2·2	2·1	157	18·4
verage 5 years.		**33·1**	**22·6**	**3·9**	**1·8**	**0·7**	**2·2**	**1·5**	**2·5**	**2·3**	**199**	**18·2**
03..	223,260	32·6	19·4	2·9	1·8	0·7	1·9	1·4	2·1	1·9	168	18·1
04..	224,299	32·4	21·4	4·4	2·0	0·6	1·8	1·7	2·2	1·9	193	21·5
05..	225,327	31·8	17·7	2·6	1·5	0·6	1·7	1·6	1·8	1·8	148	17·8
06..	226,367	31·2	19·1	3·3	1·7	0·8	1·7	1·5	2·0	1·8	162	18·6
07..	227,413	30·6	18·5	2·2	1·7	0·7	1·7	1·6	2·1	2·3	140	17·9
verage 5 years.		**31·7**	**19·2**	**3·1**	**1·7**	**0·7**	**1·8**	**1·6**	**2·0**	**1·9**	**162**	**18·8**

TABLE M. 14—*continued.*

Years.	Population.	Rates per 1,000 Population from Births.	Deaths, All Causes	Seven Principal Zymotic Diseases.	Phthisis.	Cancer.	Nervous Diseases.	Heart Diseases.	Bronchitis.	Pneumonia.	Deaths under One Year to 1,000 Births.	Marriage Rate.
1908*	228,463	31·2	18·7	3·2	1·6	0·7	1·6	1·4	1·9	1·7	153	15·5
1909..	229,519	29·5	19·0	2·5	1·5	0·8	1·7	1·4	2·3	2·3	141	15·6
1910..	230,579	28·6	16·2	1·8	1·4	0·9	1·6	1·4	1·8	1·7	131	16·0
1911..	231,641	27·4	17·4	2·5	1·6	0·9	1·3	1·3	1·8	1·8	154	..
1912..	232,726	26·8	17·2	2·2	1·5	1·0	1·4	1·5	2·1	2·0	130	..
Average 5 years.		**28·7**	**17·7**	**2·4**	**1·5**	**0·9**	**1·5**	**1·4**	**2·0**	**1·9**	**142**	..
1913*	233,849	27·0	16·3	1·9	1·4	1·0	1·4	1·8	1·8	1·7	139	..
1914..	234,975	26·9	17·1	1·9	1·6	1·1	1·4	1·8	1·8	1·8	126	..
1915..	219,979†	24·8	19·1	2·8	1·7	1·1	1·4	1·6	2·3	1·9	134	..
1916..	214,229†	21·8	15·8	1·2	1·6	1·0	1·3	1·3	1·9	1·5	115	..
1917..	211,373†	18·9	16·0	1·6	1·5	1·2	1·4	1·3	2·0	1·4	124	..
Average 5 years.		**24·3**	**16·8**	**1·9**	**1·6**	**1·0**	**1·4**	**1·6**	**2·0**	**1·7**	**128**	..
1918..	209,274†	18·3	18·0	1·0	1·6	1·1	1·2	1·1	2·3	1·9	111	..
1919..	226,225†	18 8	15·8	0·8	1·2	1·1	1·1	1·1	2·4	1·5	113	..
1920..	235,239	27·3	13·7	0·9	1·2	1·0	1·0	1·0	1·8	1·1	98	..
1921*	239,100	25·2	13·9	1·1	1·3	1·0	1·0	1·2	1·7	1·5	106	..
1922..	240,700	22·1	14·6	1·3	1·3	1·1	0·9	1·1	1·9	1·7	110	..
Average 5 years.		**22·3**	**15·2**	**1·0**	**1·3**	**1·0**	**1·0**	**1·1**	**2·0**	**1·5**	**108**	..
1923..	241,600	20·9	13·5	0·8	1·3	1·2	0·9	1·1	1·6	1·5	98	..
1924..	243,700	19·5	14·5	1·3	1·2	1·3	0·7	1·0	1·8	1·6	122	..
1925..	244,700	18·8	13·9	1·0	1·3	1·2	0·8	1·0	1·8	1·3	105	..
1926..	247,400	18·2	12·4	0·7	1 3	1·3	0·9	1·0	1·6	1·1	103	..

* In the years 1879, 1884, 1890, 1896, 1902, 1908, 1913 and 1921, the facts are those registered in 53 instead of 52 weeks; corrections have therefore been made in calculating the rates. † Civil population.

SECTION II.

General Work of the Health Department.

Sanitary Circumstances and Sanitary Administration of the District.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Salford is situated in the south-east of Lancashire and is partially divided from Manchester by the River Irwell. The older portion of the City lies along the right bank of the river and the ground rises gradually from an elevation of 85 feet above sea level to about 250 feet, the mean elevation being 140 feet.

The area of the City of Salford is 5,202 acres. The subsoil consists principally of clay interspersed with sand and gravel, with occasional patches of red sandstone.

The population is largely industrial ; a considerable portion of the City is occupied by cotton factories and engineering works, with collieries on the outskirts.

The principal Docks and a portion of the Manchester Ship Canal are situated in Salford.

There is no special influence of any particular occupation on the public health of the area.

Owing to the industrial character of the City, and the close proximity of a number of other industrial towns, the atmosphere of Salford is heavily smoke polluted. This pollution contains an excessive proportion of tarry substances given off from the burning of raw coal in domestic grates. Generally speaking, the rainfall is excessive and the atmosphere humid. Owing to the pollution of the atmosphere and the excess of cloud, there is a deficiency of sunshine.

The population of Salford avail themselves of the hospital accommodation of both Salford and Manchester.

The voluntary Hospitals are :—

The Salford Royal Hospital.
The Manchester Royal Infirmary.
The Manchester Eye Hospital.
The Manchester and Salford Hospital for Skin Diseases.
The Royal Manchester Children's Hospital, Pendlebury.
The Manchester Northern Hospital.
The Manchester Jewish Hospital.
The Manchester St. Mary's Hospital.
The Manchester Ear Hospital.

The Hospitals provided by the Salford Corporation are as follows :—

Name and Situation of Hospital.	Nature of Accommodation.	Beds Provided.
Nab Top Sanatorium, Marple, Cheshire.	Early Tuberculosis...	120
Maternity Home and Babies' Hospital, Seedley Terrace, Pendleton, Salford.	Maternity Cases	10
	Sick Babies	18
Ladywell Sanatorium, Eccles New Road, Salford.	Infectious Diseases...	224
	Tuberculosis	60
Drinkwater Park Hospital, Prestwich, Lancashire.	Smallpox	40

The Corporation have also made arrangements with the Hospitals named below for the treatment of the undermentioned diseases :—

Hospital.	Disease.
Salford Royal Hospital	Tonsils and Adenoids in School Children. Venereal Diseases. Surgical Tuberculosis.
The Manchester and Salford Hospital for Skin Diseases.	Tubercular Diseases of the Skin.

Hope Hospital, Pendleton, Salford (900 beds), is provided and maintained by the Salford Board of Guardians.

The amount distributed by way of Poor Law Relief in 1926 in the Salford Union (which includes Pendlebury) was £75,085 8s. 5d.

SALFORD LOCAL ACTS AND ORDERS.

The Salford Borough Act, 1857.

The Salford Improvement Act, 1862.

The Salford Improvement Act, 1867.

The Salford Improvement Act, 1870.

The Salford Improvement Act, 1871.

The Salford Tramways and Improvement Act, 1875.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Order Confirmation (No. 8) Act, 1882.

An Order, dated 20th December, 1882, and made by the Local Government Board under the provisions of the Divided Parishes and Poor Law Amendment Act, 1876, as amended and extended by the Poor Law Act, 1879, amalgamating a detached part of the Township of Pendlebury with the Township of Pendleton.

The Salford Corporation Tramways Order, 1885, confirmed by the Tramways Orders Confirmation (No. 2) Act, 1885.

The Salford Corporation Act, 1886.

The Salford Corporation Act, 1891.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Orders Confirmation (No. 14) Act, 1891.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Orders Confirmation (Housing of Working Classes) Act, 1891.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Order Confirmation (No. 12) Act, 1892.

The Salford Improvement Act, 1893.

The Salford Corporation Act, 1897.

The Salford Order, 1898.

An Order, dated 2nd March, 1899, and made by the Local Government Board under the provisions of the Housing of the Working Classes Act, 1890, modifying an improvement scheme relating to the Borough of Salford.

The Salford Corporation Act, 1899.

The Salford Corporation Act, 1900.

The Salford Corporation Act, 1901.

The Salford Corporation Act, 1902.

The Salford Corporation Act, 1903.

Order in Council, dated 27th March, 1905, directing that none but persons duly licensed shall let Lodgings to Seamen in the Borough of Salford.

The Salford Order, 1906.

The Salford Order, 1908.

The Salford Order, 1912.

The Salford (Union of Townships) Order, 1918.

The Salford Corporation Act, 1920.

Confirming Order of Minister of Health, dated 7th April, 1921, under Section 112 of the Public Health Act, 1875, as amended by Section 51 of the Public Health Acts Amendment Act, 1907, declaring that certain trades be Offensive Trades.

Order in Council, dated 10th August, 1921, approving scheme determining the Wards of the Borough and apportioning the Councillors.

The Salford Order, 1922.

The Salford Order, 1925.

ACTS OF PARLIAMENT ADOPTED BY THE COUNCIL.

The Baths and Wash-house Acts. Adopted October 4th, 1876.

Infectious Diseases (Notification) Act, 1889. Adopted 5th February, 1920.

The Infectious Disease (Prevention) Act, 1890 (except Sections 14 and 19) and Parts 2, 3, 4 and 5 of the Public Health Acts Amendment Act, 1890. Adopted January 7th, 1891.

The Private Street Works Act, 1892. Adopted April 4th, 1894.

Notification of Births Act, 1907. Adopted January 7th, 1914.

Section 95 of the Public Health Acts Amendment Act, 1907. Order issued by Local Government Board, dated 27th October, 1908, declaring the above section to be in force in the County Borough of Salford.

Public Health Acts Amendment Act, 1907, Section 51.

Public Health Acts Amendment Act, 1907. Order of Local Government Board, dated 28th August, 1909, that on and after 16th October, 1909, Section 47 and Part V. of the Act should be in force in the County Borough of Salford.

Public Health Acts Amendment Act, 1907. Order of Local Government Board, dated 22nd April, 1914, that on and after 3rd June, 1914, Sections 23, 27, 33 and 76 of the Act should be in force in the County Borough of Salford.

SANITARY CIRCUMSTANCES.

Water.—The water supply is obtained from the Manchester Corporation's reservoirs at Longdendale Valley. It is ample in quantity and excellent in quality.

Rivers and Streams.—The question of river pollution is in the hands of the River Irwell Conservancy Committee.

DRAINAGE AND SEWERAGE.

The drains of the District are satisfactory. Salford sewage is conveyed to the Sewage Works at Weaste by a combined system of Sewers. The sewage is treated with Lime and Copperas after which it is passed through settling tanks and thence through aerating filter-beds and humus tanks. The effluent from the humus tanks is discharged into the Manchester Ship Canal and the residual sludge carried out to sea by steamer.

Scavenging.—The removal and disposal of house refuse is under the authority of the Lighting and Cleansing Committee of the Corporation.

SANITARY INSPECTION OF DISTRICT.

Staff.—The staff employed in this connection consists of the Chief Inspector, a Deputy Chief Inspector, nine Assistant Inspectors, and one Lady Inspector.

The systematic inspection of the City was conducted during the year 1926 on the same lines as in previous years. The result of the inspections may be gathered from a perusal of the "Register of Work Done," which is to be found at the end of this section of the report. It shows that the number of complaints received at the office of the Department was 3,665, as compared with 5,214 received in 1925, also that 8,809 dwelling houses were inspected during the year. The details of each section of the work will be found under the special heading.

During the year nine pail closets and one privy midden which were insanitary were converted to water closets. This work of conversion to water closets throughout the City has now been almost completed, and has resulted in 21,907 privy middens and 7,318 pail closets being converted. It is estimated that not more than 40 pail closets and privy middens still remain in the City.

HOUSING AND TOWN PLANNING.

A third Survey of the City as required by the Housing Consolidated Regulations, 1925, which was commenced towards the latter end of the year 1925, is still in progress.

TABLE G. 1.

Common Lodging Houses, 1926.

	Wards.				
	Crescent.	St. Paul's.	St. Thomas's.	Trinity.	Total.
Number on Register	7	1	1	6	**15**
Number added to Register in 1926	..	1	..	..	**1**
Number removed from Register in 1926	..	1	1	..	**2**
Number of Rooms	60	6	8	52	**126**
,, ,, Beds	294	25	23	582	**924**
Average Number occupied each night—Males	184	16	19	495	**714**
Females	..	..	..	..	..
Notices served on Landlords	7	..	1	1	**9**
,, ,, Keepers	2	..	..	..	**2**
Number of Day Inspections	352	57	87	401	**897**
Night ,,	14	4	4	10	**32**

Common Lodging Houses.

There were 15 Common Lodging Houses on the register at the end of the year, including Salford House in Bloom Street; seven are in the Crescent Ward, six in Trinity, one in St. Paul's, and one in St. Thomas' wards. These houses contain 126 rooms, with 924 beds. The average number of beds occupied per night was 714 for males and none for females. Eight hundred and ninety-seven inspections were made during the day time.

One house in St. Paul's Ward and one in St. Thomas' Ward were given up during the year, the licence for the one in St. Paul's Ward being transferred to another house in the same Ward.

These Lodging Houses have been kept in good and clean condition during the year, and the Bye-laws have been observed.

Houses Sub-let in Lodgings.

There are 309 houses let in apartments in the City; these contain 1,345 rooms. Twenty-one houses were registered during the year and 3 discontinued.

The registration of these houses gives us power to inspect them at any time. They have been inspected from time to time, and they have received 2,783 inspections in the day time and 12 at night.

Seamen's Lodging Houses.

There are 15 Seamen's Lodging Houses in the City, containing 61 rooms and 168 beds. There have been 17 applications for renewals and new licences. One house changed hands on two occasions during the year.

The Byelaws in force regulating these houses have been carried out, and the houses generally kept in good and clean condition. Two hundred and seventy-nine visits have been made during the day time and two visits during the night time.

Workshops.

At the end of the year there were 957 workshops on the register. These have been regularly inspected by the Lady Inspector of Workshops and by the District Inspectors, the Lady Inspector visiting those workshops where females are employed and the District Inspectors visiting those premises where males only are employed.

Ninety-nine defects were found in the workshops, the particulars being given in Table B. The chief defect was want of cleanliness both in the workshops and bakehouses, which were found in 16 cases and 31 cases respectively.

In two instances the ventilation was found to be defective.

Re OUTWORKERS.—The women outworkers' premises are visited by the Lady Inspector of Workshops, and those of the men by the District Inspectors.

During the year 210 visits have been paid.

Factories, Workshops, Workplaces, and Homework.

A.—Inspection.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES DURING THE YEAR 1926.

Premises. (1)	Number of Inspections. (2)	Number of Written Notices. (3)	Number of Prosecutions. (4)
Factories…………………… (Including Factory Laundries.)	37	..	..
Workshops …………………… (Including Workshop Laundries.)	2183	17	..
Workplaces …………………… (Other than Outworkers' premises included in Part 3 of this Report.)	189	..	..
Total ……………	2409	17	..

B.—Defects Found.

Premises. (1)	Number of Defects. Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
*Nuisances under the Public Health Act—**				
Want of cleanliness	31	31	..	..
Want of ventilation	2	2	..	..
Overcrowding	1	1	..	..
Want of drainage of floors	2	2	..	..
Other nuisances	7	7	..	..
Sanitary accommodation — insufficient	4	6†	..	..
Sanitary accommodation — unsuitable or defective	11	9	..	..
Sanitary accommodation — not separate for sexes	1	2	..	.
Offences under the Factory and Workshop Act—				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	40	40	..	..
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	..	..	..	..
Total	99	100	..	..

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* Including those specified in sections 2, 3, 7, and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

† Including defects notified in previous year.

—Home Work.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107											Number of Inspections of Outworkers premises.	OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Number of Addresses of Outworkers received from other Authorities.	Number of Addresses of Outworkers forwarded to other Authorities.	Notices served on Occupiers as to keeping or sending lists.	Prosecutions.			Instances.	Notices served.	Prosecutions.	Instances.	Orders made, S. 110.	Prosecutions, S.S. 109, 110.
	Sending twice in the year.			Sending once in the year.						Failing to keep or permit inspection of lists.	Failing to send lists.							
		Outworkers.			Outworkers.													
	Lists	Con-tractors.	Work-men.	Lists.	Con-tractors.	Work-men.												
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
* Wearing Apparel—																		
1. Making, &c.	28	27	25	3	..	10	218	31	..	..	..	206	..	..	..	..	..	..
2. Cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lace, lace curtains and nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Artificial flowers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nets, other than wire nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sacks	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Furniture and upholstery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fur pulling	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feather sorting	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Umbrellas &c	..	..	..	..	..	..	2	..	..	..	..	2	..	..	..	..	..	..
Carding, &c., of buttons, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paper bags and boxes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Basket making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brush making	2	..	2	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..
Racquet and tennis balls	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stuffed toys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
File making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Electro plate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cables and chains	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cart gear	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Locks, latches and keys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anchors and grapnels	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pea picking	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	30	27	27	3	..	10	220	31	..	..	..	210	..	..	..	..	..	..

* List of Industries as prescribed by Home Office

D.—Registered Workshops.

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
Tenement Workshops	10
Domestic Workshops	207
Laundries	16
Workshop Bakehouses	207
Other Workshops	517
Total number of Workshops on Register	957

E.—Other Matters.

Class. (1)		Number. (2)
Matters notified to H.M. Inspector of Factories—		
Failure to affix abstract of the Factory and Workshop Act (s. 133)		12
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5).	Notified by H.M. Inspector	11
	Reports (of action taken) sent to H.M. Inspector	12*
Other		
Underground Bakehouses (s. 101)—		
Certificates granted during the year		
In use at the end of the year		4

* Including reports of action taken in cases notified in previous year.

F.—Additional Sanitation for Retail Bakehouses, Sections 97—102.

Number of such premises in the district, 207.

Note as to their sanitary condition. Ground floor bakehouses—Good.
Underground— ,, —Satisfactory.

Action taken as to retail bakehouses in 1926, 7 Notices served.

Action taken.	No. of Defects found.	Notices served.	Legal Proceedings.	Defects remedied.	Remarks.
As to Closets, &c., Sec. 97	..	..	..	..	
As to Water Cisterns, Sec. 97	..	..	..	..	
As to Drain Openings, Sec. 97	..	..	..	..	
As to Limewashing, &c., Sec. 97	40	..	..	40	
As to Sleeping Places, Sec. 100	..	..	..	..	

Any proceedings under Section 98 as to retail bakehouses sanitarily unfit, Nil.

UNDERGROUND BAKEHOUSES.

Number of such premises in district, 4 certified, and 1 not in use at present.

Number certified by District Council under Section 101 (2) in 1926, Nil.

BAKEHOUSES, 1926.

Registered	207
Added to Register	31
Discontinued	38
Number of Underground Bakehouses Certified by Authority	4 and 1 not at present in use.
Total Number of Ovens	270
Employees—Males	213
Females	397
Notices Served	7

Fertilisers and Feeding Stuffs Act, 1906.

No samples have been taken under this Act, the number of animals involved in this area being almost negligible.

Pharmacy Act, 1868.

No licences have been granted in the City.

Smoke Nuisance.

Particulars as to smoke nuisances caused by firms during the year 1926, and dealt with by the Health Committee :—

Twelve notices were issued under the Public Health Act.

Owing to the dispute in the Coal Trade for a greater part of the year, steam raising firms in the City were compelled to burn fuel oil or coal of an inferior quality to enable them to keep their businesses running, and under the circumstances the Health Committee did not consider it advisable to take any court proceedings.

During the year 1926, 2,735 smoke observations have been made, as against 3,261 in the year 1925 and 3,143 in the year 1924.

One hundred and twenty-six stokers and others were cautioned by the Inspector for negligence in firing the furnaces under their charge. At the same time 19 firms were reported to and dealt with by the Health Committee ; also 25 cautionary notices were issued to firms, with a table of smoke observations taken from their chimneys.

Arrangements have been made for the continuance of classes for Stokers at the Royal Technical College during the coming year.

Several chimneys have been raised during the year in connection with small workshops.

The concession of the emission of three minutes dense black smoke in the half hour was abolished by the Health Committee in 1925; when all the steam raising firms in the City were notified by the Town Clerk that all observations of emissions of dense black smoke, irrespective of the period of emission, would, in future, be reported to the Committee, who would deal with each case on its merits.

TABLE SHOWING THE NUMBER OF HALF-HOURLY OBSERVATIONS TAKEN DURING THE YEAR 1926.

Minutes of Black Smoke emitted in half-an-hour.	No. of Observations taken.	Percentage to Total.
No Black Smoke	1,951	71·3
One Minute	761	27·9
Two Minutes	8	0·2
Three Minutes.............	4	0·1
Over Three Minutes........	11	0·5
Total Observations taken..	2,735	100·0

Manure Receptacles, and Removal of Manure and other Offensive Matter.

The Byelaws with respect to receptacles for manure and the weekly removal of manure, filth, or other offensive or noxious matter, which came into operation towards the end of 1909, have been enforced during the past year, and special attention has been paid to stable yards where manure quickly accumulates and where no receptacle is provided.

The Byelaws as regards the regular removal of manure have been well observed.

Offensive Trades.

The following is a list of the offensive trades in the City :—

Nature of Trades.	City.	Discontinued.	Newly Registered.
Tripe Dressing	4	..	..
Soap Works	3	..	..
Fat Boiling	..	..	..
Tanneries	1	..	..
Skin Dressers	1	..	..
Gut Scrapers	2	..	..
Total	11	..	..

Canal Boats Acts.

Number of canal boats inspected	161
Number of canal boats conforming to Acts	158
Number of canal boats with one or more infringements	3
Total number of infringements	3
Registration	..
Absence of certificates	..
Dilapidation of certificate	1
Marking	..
Overcrowding	..
Separation of sexes	..
Cleanliness	..
Ventilation	..
Ventilators obstructed	..
Painting	..
Provision of water vessel	..
Water vessels broken	..
Removal of bilge water	..
Boats defective and leaking	1
Dilapidation	..
Stoves defective	..
Stove pipes defective	..
Pumps defective	..
Admittance of Inspector	..
Notification of infectious disease	..
Certificates not identifying owners	..
Loading manure without tight bulkheads	1
Number of notices served	3

Detention of boats for cleansing and disinfection: None.

Legal proceedings taken: None.

Number of boats on register: Not a Registration Authority.

Canal boats registered to carry	745
Men found on the boats	295
Women found on the boats	26
Children under 12 years found on the boats	19

Drainage Inspection.

The testing and examination of all existing drainage is carried out by this Department. Two Inspectors and four labourers are kept continually at work examining drainage, and the following table gives the detailed results of their labours :—

Number of	tests made	677
,,	applications from householders	5
,,	houses affected by the tests	850
,,	notices and reports issued	297
,,	notices and reports complied with	290
,,	drain inlets opened and cleared	2,362

INSANITARY CONDITIONS FOUND.

Defects.

Number of	drains wholly and partly choked	704
,,	drains defectively constructed	218
,,	gully traps badly laid	34
,,	drains defectively trapped	48
,,	waste pipes defectively trapped or connected to drains	10
,,	downspouts connected to drains	30
,,	soil pipes with leaking joints or defectively ventilated	28
,,	defective water closets	116
	Total defects	1,188

RECONSTRUCTION OF DRAINS AND THE CONSTRUCTION OF NEW DRAINS.

Number of tests applied	564
,, houses affected	427
,, passage main drains affected	8

MODE WHEEL AMBULANCE AND DISINFECTING STATION.

The Ambulance and Disinfecting Station situated in Mode Wheel Road is under the direct control of the Medical Officer of Health. The Station is used for the following purposes :—

(*a*) The disinfecting of bedding, clothing, etc., from the homes of persons suffering from infectious disease, by means of high-pressure steam disinfection.

(*b*) As a Depot for the disinfectors employed in disinfecting houses, schools, and public institutions, in which a case of infectious disease has occurred.

(*c*) As a station, for the bathing of verminous persons and the disinfection of their clothing.

(*d*) The bathing of persons suffering from scabies (particularly school children), and the disinfection of their clothing.

(*e*) The bathing of midwives who have been in contact with cases of puerperal fever, and the disinfection of their clothing and instruments.

(*f*) As a Garage for the three motor ambulances required to take persons to and from Hospital and the three motor vans used to collect and deliver bedding, etc., before and after disinfection. The Station is also used as a repair depot for the whole of the motor vehicles used in the Department.

The Staff employed at the Station is as follows :—

Foreman.
Caretaker.
Motor Mechanic.
Four Disinfectors.
Four Drivers.

The following is a summary of the work done at the Mode Wheel Disinfecting Station during 1926 :—

AMBULANCES.

	Salford Cases.	Out-District Cases.	Total Cases.
Number of journeys removing patients to Hospital........	1,342	232	1,574
Number of journeys removing patients from Hospital to their homes...............	139	16	155
Number of journeys removing bedding for disinfection.....	776	20	796

MOTOR VANS.

	Salford Cases.	Out-District Cases.	Total Cases.
Number of journeys returning bedding after disinfection...	1,917	87	2,004

In addition, 579 journeys to Hospital for purposes other than removal of patients were made by motor vehicles, and 39 journeys were made for the purpose of taking home children after operative treatment for tonsils and adenoids.

DISINFECTIONS.

Number of houses disinfected	1,993
,, rooms disinfected	5,054
,, bundles of clothing and bedding disinfected	4,194
,, books disinfected	384
,, schools disinfected	12
,, hospitals disinfected	72
,, ships disinfected	4

BATHING AND DISINFECTION OF CLOTHING.

Midwives	57
Smallpox convalescents	16
,, contacts	21
Verminous children	67
,, adults	14
Children suffering from scabies	1,098

Sanitary Conveniences.

There are 21 conveniences in the City, under the control of the Health Committee, namely :—

SITUATION.	MALES.				FEMALES.		
	Urinal Stalls	Water Closets	Wash Basins	Attendant	Water Closets	Wash Basins	Attendant
Trinity Market	6	3	3	1	3	3	1
Trafford Road (Eccles New Road corner)	15	4	4	1	..	..	..
Trafford Road (Ordsall Park)	12	4	6	1	..	..	..
Cross Lane	..	..	..	..	4	4	1
Oldfield Road (Corner of Chapel Street)	6	..	..	..	..	..	..
Liverpool Street	4	..	..	..	..	..	..
Bolton Road (Junction of Claremont Road)	4	..	..	..	..	..	..
Broughton Road	16	..	..	..	..	..	..
Windsor Bridge	6	..	..	..	..	..	..
Blucher Street	8	..	..	..	..	..	..
Stevenson Street	3	..	..	..	..	..	..
Park Lane	5	..	..	..	..	..	..
Broad Street	3	..	..	..	..	..	..
Greengate Arch	6	..	..	..	..	..	..
Eccles New Road	6	..	..	..	..	..	..
Broughton Bridge	8	..	..	..	..	..	..
Frederick Road	4	..	..	..	..	..	..
Moor Lane	6	..	..	..	..	..	..
Cross Lane	5	..	..	..	..	..	..
Albert Park	6	..	..	..	..	..	..

The convenience in Eccles New Road has been demolished and a new six-stalled brick-built one erected at the rear of the Royal Hotel, at the corner of Cemetery Road and Eccles New Road.

The convenience at Windsor Bridge has been rebuilt and the Cabman's Shelter converted into a Public Shelter.

A new public convenience has been built in Albert Park, near to the Library, and is entered by way of Gt. Clowes Street.

TABLE G. 2.

NEW HOUSES ERECTED AND HOUSES DEMOLISHED IN 1926.

Wards.	Houses erected.	Houses demolished.
Kersal	185	—
Albert Park	—	—
Mandley Park	41	—
St. Matthias'	—	—
Trinity	—	—
Crescent	—	—
Regent	—	—
Ordsall Park	16	—
Docks	—	—
Charlestown	—	—
St. Thomas'	—	—
St. Paul's	—	—
Langworthy	—	—
Seedley	2	—
Weaste	72	—
Claremont	38	—
	354	—

Of these, 156 have been erected under Housing Schemes of the Corporation. The remaining 198 have been built by private enterprise.

Increase of Rent and Mortgage Interest (Restrictions) Act, 1920.

During the year no applications under the above Act were received for Certificates as to houses being either not reasonably fit for habitation or not in a reasonable state of repair.

Certificates as to Housing Conditions.

Under the terms of the circular letter issued by the City Treasurer, with reference to the issue by the Medical Officer of Health of certificates to the effect that certain families were not living under sanitary conditions, 290 applications have been made and in 205 cases certificates were issued.

A considerable amount of the time of the Sanitary Inspectors was occupied during 1926 in investigating applications for the issue of these certificates, as it is necessary in each case to measure up the existing accommodation in order to find the cubic capacity of the air space available.

TABLE G. 3.

Cases heard before Magistrates, 1926.

Offence.	No. of Cases.	Decision of Magistrate.	Total Fines without Costs. £ s. d.
Carrier conveying meat by vehicles, through the public streets, without sufficient covering, contrary to the Public Health Meat Regulations.	1	Fined.	25 0 0
Driver conveying meat by vehicle, through the public streets, without sufficient covering, contrary to the Public Health Meat Regulations.	1	Fined.	2 0 0
For unlawfully moving animals (pigs) in contravention of licence.	10	8 withdrawn. 1 fined £8, with £5 5s. costs. 1 fined £32, with £5 5s. costs.	40 0 0
For causing, directing or permitting the movement of animals in contravention of licence.	5	5 withdrawn.	—
For exposing for sale meat which was unsound and unfit for human food.	1	Fined.	6 0 0
For consigning milk to a Salford milk dealer found on analysis to be deficient of solids-not-fat.	6	2 fined £15. 4 fined £1.	34 0 0
For consigning milk to a Salford milk dealer found on analysis to be deficient of fat.	2	Fined £3 each.	6 0 0
For consigning milk to a Salford milk dealer found on analysis to be deficient of fat and containing extraneous water.	4	1 fined £4 and £1 12s. costs. 1 fined £2 and £1 12s. costs. 2 fined £1 each.	8 0 0
For selling milk which was found, on analysis, to contain extraneous water.	2	1 fined £5. 1 fined £2.	7 0 0
For selling sausage containing a preservative.	1	Fined £1.	1 0 0
Carried forward	33		129 0 0

CASES HEARD BEFORE MAGISTRATES, 1926—*Continued.*

Offence.	No. of Cases.	Decision of Magistrate.	Total Fines without Costs. £ s. d.
Brought forward	33		129 0 0
Offering for sale by retail new laid eggs as advertised in newspaper.	1	Fined.	25 0 0
For selling eggs as new laid which had been imported.	2	1 fined £3. 1 withdrawn.	3 0 0
Advertising eggs for sale as new laid without including the word imported or words disclosing the country of origin.	1	Withdrawn.	—
For selling extract of meat and malt wine not of the nature, substance and quality of the article demanded.	1	Dismissed on points of law.	—
For aiding and abetting in the same offence.	2	1 dismissed on points of law. 1 withdrawn.	—
For selling chicken and ham roll not of the nature, substance and quality demanded of the article, containing no ham or chicken.	1	Fined £10, with £2 2s. costs.	10 0 0
For selling chicken roll not of the nature, substance and quality of the article demanded, containing no chicken.	1	Fined.	0 5 0
For aiding and abetting in the same offence.	2	Both dismissed.	—
For refusing to sell chicken and ham roll to Food and Drugs Inspector for analysis.	1	Dismissed.	—
For failing to comply with a notice to abate a nuisance arising from a defective roof, etc.	1	Order to abate made and fined costs of summons.	—
Failing to comply with the Bye-Laws under the Streets, Building and Sanitary Regulations of the Corporation by neglecting to repair a yard surface.	3	1 fined 15s. and costs. 1 fined £2 and 5s. costs. 1 fined 1s. a day penalty (176 days).	11 11 0
For contravening Section 6 of the Sublet House Bye-Laws by permitting the house to be overcrowded.	1	Fined.	2 0 0
TOTAL	50		180 16 0

TABLE G. 4.

REGISTER OF WORK DONE—YEAR ENDING DECEMBER 31ST, 1926.

No. of Complaints received		3665
Inspections of	Dwelling-houses	8809
	,, ,, (under Housing, &c. Act)	..
	Schools	183
	Factories	37
	Canal Boats	161
	Common Lodging-houses (Day)	897
	,, ,, ,, (Night)	32
	Sub-let ,, ,, (Day)	2783
	,, ,, ,, (Night)	12
	Seamen's Lodging-houses (Day)	279
	,, ,, ,, (Night)	2
	Slaughterhouses	2301
	Dairies and Milkshops	627
	Shippons	39
	Van Dwellings	149
	Tips	10
	Bakehouses (Day)	635
	Workshops (Day)	1389
	,, (Night)	88
	Domestic Workshops	49
	Premises where food is prepared	472
	Outworkers' Premises	210
	Ice Cream Shops and Stalls	267
	Fish and Fruit Stalls	132
	Re Offensive Trades	15
	Re Midwives	438
	Re Still Births	75
	Re Infantile Deaths	62
	Re Ophthalmia Neonatorum	144
	Re Smallpox Contacts	905
	Miscellaneous	8017
	Laundries	22
	Urinals —Public	377
	—Private	14
	Stables	195
	Re Infectious Diseases	1643
	Theatres, Cinemas, etc. (Day)	55
	,, ,, (Night)	22

REGISTER OF WORK DONE—*Continued.*

Re-inspections		17616
Action taken	Statutory Notices issued	2153
	,, ,, uncomplied with	318
	,, ,, cancelled	46
	Informal Notices issued	1849
	,, ,, uncomplied with	220
	,, ,, cancelled	82
	Letters written	3870
	Summonses issued	50
Disinfection—Houses Disinfected		1993
House Drains	Repaired	145
	Reconstructed	747
	Trapped	285
	Slopstone Pipes disconnected from	1
	Downspouts disconnected from	1
	Blockages removed	2552
Passage Inlets	Blockages Removed	2492
Water Closets	New, provided	10
	Ventilated	..
Ash Receptacles	New, provided	1412
	Bricked up or demolished	334
Limewashed	Dwelling-houses	1
	Ice Cream Shops	..
	Lodging houses	30
	,, Sub-let	131
	,, Seamen's	30
	Bakehouses	196
	Slaughter-houses	12
	Workshops	24
	Workshops (Domestic)	1
	Outworker's premises	3
	Laundries	1
Newly Licensed Common Lodging-houses		1
Newly Registered	Lodging-houses Sub-let	21
	Workshops	31
	,, (Domestic)	2
	Bakehouses	31
	Second-hand Goods Stores	15
	Offensive Trades	.
	Ice Cream Shops	43
Accumulations Removed	Manure and Refuse	68
	Stagnant Water	4

REGISTER OF WORK DONE—*Continued.*

Smoke Nuisance	Observations taken	2735
	Notices served	12
	Cautionary Notices served	25
Passages and Yards	Flagged	1
	Repaired	397
	Drained	—
Bundles of Infected Bedding and Clothing	Stoved	4194
	Destroyed	99
Food	Samples purchased for analysis	1387
Milk	Samples obtained for bacteriological examination	329
Unsound Food	Seizures made	675
Animals removed from improper situations		—
Overcrowding of dwellings abated		6
Houses repaired by owners, after notice		3457
Canal Boats painted		1
,, defective		1
,, repaired		1

Housing Conditions.

YEAR ENDED 31ST DECEMBER, 1926.

GENERAL STATISTICS.

Area (acres)	5202
Population (1926)	247400
Number of Inhabited Houses (1926–1927, April) about	50306
Number of families or separate occupiers (1926)	—
Rateable Value (1926–1927, April)	£1377646
Sum represented by a penny rate (Estimate)	£5250

HOUSING.

Number of new houses erected during the year :—

(a) Total	354
(b) As part of a municipal housing scheme	156

1. Unfit dwelling-houses.

Inspection—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health Acts) 8809

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 .... —

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. . . . . . —

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation. **5246**

2. Remedy of defects without service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers. **2151**

3. Action under Statutory Powers.

(A) Proceedings under Section 3 of the Housing Act, 1925 . . . . Nil.

(1) Number of dwelling-houses in respect of which Notices were served requiring repairs . . . . Nil.

(2) Number of dwelling-houses which were rendered fit:—

(*a*) By owners . . . . Nil.

(*b*) By Local Authority in default of owners . . . . Nil.

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close . . . . Nil.

(B) Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied **2774**

(2) Number of dwelling-houses in which defects were remedied:—

(*a*) By owners. **1306**

(*b*) By Local Authority in default of owners . . . . Nil.

(C) Proceedings under Sections 11, 14 and 15 of the Housing. Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders. . . . . Nil.

(2) Number of dwelling-houses in respect of which Closing Orders were made . . . . Nil

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit. . Nil.

(4) Number of dwelling-houses in respect of which Demolition Orders were made . . . . Nil.

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders . . . . Nil.

SECTION IIa.

Atmospheric Pollution.

So far as densely populated industrial areas such as ours are concerned, atmospheric pollution constitutes an outstanding problem of sanitation which Health Authorities can no longer ignore.

In all other matters of sanitation, save that of the air we breathe, there has been vast progress during the last 25 years. Twenty-five years ago Salford's slums contained thousands of back to back houses—the most unhealthy type of dwelling. Privy-middens and pail closets at that time could be numbered by the tens of thousands—there are now less than 50 all told. Again, ashpits have been replaced by the much more sanitary covered ash bins.

Such improved sanitation is markedly reflected in Salford's health statistics. For instance, whereas in 1900 there were 66 deaths from typhoid fever, there were in 1925 but 4; and whilst there were 419 deaths from diarrhœa in 1900, there were but 114 in 1925.

Unfortunately, the same remarkable improvement has not taken place with respect to respiratory disease mortality. It is true, there has been some slight betterment in this respect, but until we can remove the foulness from our atmosphere, we cannot hope for much reduction of bronchitis and other respiratory diseases.

During the past year, the Registrar General's Statistics have been consulted, in order to obtain information as to the relative mortality from bronchitis, pneumonia, and other respiratory diseases in different areas of this country. In order to get a truer comparison, I have worked out the respiratory death rates for the five years 1921 to 1925, and have taken, in each case, the average for these five years. The results of this investigation are interesting, and particularly so to residents within the Manchester group of towns, owing to the high local bronchitis mortality.

The following table shows the bronchitis death rates for some of the more important areas in the country.

Years 1921–25.	Mean Annual Death Rate per Million from Bronchitis.
England and Wales	939
Greater London	889
*Manchester	1,534
*Salford	1,472
*Oldham	1,688
*Bury	1,503
*Rochdale	1,454
*Stockport	1,436
*Burnley	1,598
*Wigan	1,651
Blackburn	1,263
Bolton	1,308

Years 1921-25.	Mean Annual Death Rate per Million from Bronchitis.
Preston	1,202
Liverpool	1,139
Leeds	1,144
Hull	1,114
Sheffield	984
Newcastle	943
Birmingham	947
Leicester	882
Bristol	847
Bournemouth	644
Eastbourne	612

The bronchitis death rate for the Manchester group of towns is remarkably and consistently high, being in every case over 50 per cent greater than that of the country as a whole, and standing out in marked contrast to that of such areas as Birmingham, Leicester, Bristol, Bournemouth, and Eastbourne.

Our local climate, by reason of its dampness, rawness, and absence of sunshine, is about the worst in the country, added to which we have a smoke pollution which is notorious. A prominent Manchester architect recently made the following statement:—"Manchester has the worst atmosphere in the world. Iron will not withstand it, and in three years a new building is not fit to be seen. It is heartrending."

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*Bronchitis death rate more than 50 per cent greater than that of England and Wales.

In order to answer the question "Why should Manchester and Salford smoke attain such unenviable distinction above all other smokes?" we have, first of all, to consider the origin of the smoke.

The great group of towns and urban districts of which Manchester forms the centre, constitutes a very densely populated area, containing several millions of inhabitants, largely working class, and whose hundreds of thousands of dwellings are largely provided with ordinary open fires and kitchen ranges consuming a vast amount of soft bituminous coal. Our soft Lancashire coal, when burned in the ordinary open grate, gives off big volumes of unconsumed distillation products in the form of tarry smoke.

This domestic smoke contains an exceedingly high proportion of unconsumed tar and fine impalpable fume, which at times may not be so obvious to the eye as the more sharply defined factory smoke, but which is all-pervading, remaining in suspension in the atmosphere for long periods in calm weather.

It is this domestic tarry smoke that puts the "bloom" upon the pavement and upon buildings, and which is so distressing to our architects, and so detrimental to our respiratory organs.

Compared with domestic smoke, factory smoke has a large proportion of inorganic ash, and contains hardly any tar at all, the reason being that, owing to the much higher temperature obtaining in the factory furnace, tar and certain other deleterious substances are practically all burnt up. We may take it that the lower the temperature of a fire, the more injurious the substances which are given off in the coal smoke. Thus the worst nuisance arises when domestic fires are banked up with slack—a custom that is common in these parts.

Some three years ago, I carried out in Salford an investigation of the relative amounts of coal consumed in domestic fires and factory fires within the Borough. It was found that, in winter time, the domestic consumption was double the factory consumption, the amounts being 5,887 tons per week for factory coal, and 11,305 tons per week for domestic coal. And since, weight for weight, coal burned in domestic grates gives off many times more soot and harmful substances than coal burned in factory fires, it follows that Salford's contribution to the atmospheric filth is largely the tarry domestic variety.

The same is probably true of Manchester and of many other units of this densely populated area.

The semi-circle of hills on the north, east, and south of this area, tends to confine the smoke cloud and prevent its dispersion. Thus is the condition aggravated.

We have seen how the evil effects of our polluted atmosphere are manifested in our blackened and corroded buildings, and in our blackened and diseased respiratory passages, but this is not the whole of the evil. Plant life is equally sensitive to atmospheric impurity. Sooty and tarry deposit poisons the soil, coats the leaves of the plants, and blocks up their breathing pores, so that they lead a miserable and sickly existence. Is there anywhere else in this country, or any other for that matter, where, for so large an area, the vegetation is so filthy and unhealthy, or has such a struggle for existence ?

Professor Cohen and Dr. Ruston, of Leeds, in their very interesting book "Smoke, a Study of Town Air," give some striking experiments illustrating the relative yield of radishes and lettuces grown at varying distances from the centre of the city. For instance, in the Hunslet district the yield of radishes was just half that obtained in Headingley, whilst the yield of lettuces was one-third.

Again, boxes of Timothy grass were watered with Leeds rain (which is acid from pollution) and with rain from a station just outside and only slightly acid. In the case of the Leeds rain-water, germination was distinctly checked.

I have estimated that over Salford alone, something like 3,000 tons of dirt are annually deposited from the atmosphere, and this dirt contains a high proportion of tar and sulphuric acid.

The estimation of atmospheric impurity is carried out by means of deposit gauges.

At the present time there are about 30 Authorities in this country who are collecting and carrying out the examination of atmospheric impurity by means of these deposit gauges. Some authorities have installed several gauges at different stations within their area ; thus, Salford has gauges at Peel Park, Regent Square, Ladywell Sanatorium, and also at Nab Top, Marple.

The Peel Park gauge has achieved the proud (?) distinction of recording more atmospheric tar than any other in the country. For the year 1925–26 the tar figure was 50, as compared with a figure of 16 for Marple, 4 for Southport, and 4 for Headingley, Leeds. In other words, Salford's atmospheric tar was over three times that of Marple and 12 times that of Southport or Headingley. It is noticed that Marple, although very much better than Salford, does not compare at all favourably with some places more remote. It is sufficiently near the Manchester group to come under the far-reaching fringe of the vast smoke pall.

The excessive amount of tar, as revealed by the deposit gauge, points to domestic smoke as the chief cause of Salford's atmospheric pollution.

During periods of winter fog, owing to certain barometric conditions and absence of wind, smoke cannot get away, but accumulates in the lower air strata. As a consequence, the proportion of impurity is enormously increased, and the concentration of sulphuric acid in the air may be such as to cause irritation of eyes, nose, and respiratory passages.

Sulphuric acid is one of the products of the burning of coal, and its local concentration appears to be greatly favoured by the presence of soot and tar in the air.

It is the common experience of local medical practitioners to find their bronchitic patients dying off in numbers during prolonged periods of winter fog. In a previous report,* charts were reproduced showing a

*Annual Report of the Medical Officer of Health for 1923.

close relation between periods of winter fog and deaths from respiratory disease.

But apart from the fatal effect of severe winter fog on persons with weak chests, there is little doubt that a smoke polluted atmosphere such as ours is responsible for much of the nasal and bronchial catarrh which is so prevalent in the district.

A more indirect, but nevertheless a serious effect of atmospheric pollution upon public health, is that due to the cutting off of the sun's direct rays by the smoke curtain.

These active rays are necessary, not only for the healthy development of plants, but also of human beings. Children who receive little sunlight and, therefore, insufficient ultra-violet rays, suffer in health ; normal growth is interfered with, and rickets, anæmia, and tuberculosis are likely to develop.

The ultra-violet rays are the first to be cut off by a smoke polluted atmosphere. This cutting off of chemically active rays can be readily demonstrated by exposing an acidulated solution of Potassium Iodide to daylight. Daylight gradually turns such a solution brown, through the liberation of iodine by the action of active light rays. The more active light rays the bottle receives, the browner the colour produced ; if none at all is received, the solution remains colourless. The amount of iodine set free in the bottle can, of course, be chemically estimated, and this gives us the relative amount of light the bottle has received.

During the year 1926, bottles of this test solution have been exposed each day throughout the year at four stations, namely :—(1) Regent Road, (2) Nab Top, Marple, (3) Ladywell Sanatorium, and (4) Drinkwater Park ; and by this means the daily amount of chemically active light has been measured at all these places. The monthly totals of light for each of the four stations are shown in the table on page 280. The results are rather unexpected and may be partly explained by the prolonged coal dispute, as a result of which our Salford atmosphere approached a degree of purity hitherto almost unknown to us.

The positions at these four stations have been so chosen that the test bottles received as much of the available light as possible from all sides throughout the whole day. For instance, at Drinkwater Park and at Nab Top, Marple, the bottles are placed on a white tile in the middle of an open field ; at Ladywell in the middle of a lawn ; and at Regent Road on a platform on the roof of the Health Offices. Thus, it was sought to avoid an error easily made in town stations by placing a test bottle too near a high wall or building, which, of course, cuts off the available light from certain points of the compass, and which may give unfair comparisons between town and country.

As already indicated, the occurrence of the prolonged coal dispute and consequent shortage of fuel has influenced the comparative amount of light received at Regent Road and the more remote stations, but we are struck by the fact that in January the light received at Regent Road was almost exactly half that received at Nab Top.

Marple; whilst in February the amount received was two-thirds that of Marple. But a still more striking fact is that in July and again in September, that is, in the middle of the coal dispute period, the amount of daylight recorded at Regent Road actually exceeded the amount recorded at Marple.

The Remedy.—At the time of writing, the solution of the problem of industrial smoke pollution, as far as boiler furnaces are concerned, seems to be in sight. There still remains the domestic smoke problem. In previous Reports,* an attempt has been made to indicate the lines on which this great problem might be most satisfactorily dealt with.

It has been pointed out that in Lancashire, where the climate is damp and raw for so great a part of the year, people prefer the open fire and will not readily change to other methods of heating, as far as the living room is concerned The open fire is much the healthiest method of domestic heating, as it ensures thorough ventilation of the room, with warm surfaces and cool air, unlike central heating, and closed stoves, which cook the air and leave the walls and surfaces comparatively cold.

If we are to retain our open fires, it is, in the first place, imperative that a smokeless substitute for raw coal be found. Even now, such substances are available in limited amount. But although the supplies of smokeless substitutes are at present very limited, they are not utilised to anything like the extent they might be.

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* Annual Reports for 1923, 1924 and 1925.

Take the case of gas coke. Some 8,000,000 tons are produced annually in this country, but comparatively little of this substance finds its way into domestic fireplaces. It is not popular, for several reasons.

First of all, much of it is so thoroughly quenched with water at the gas works that it is difficult to ignite.

Secondly, many of the domestic grates in use are utterly unsuitable for burning coke.

It is in order to explore the possibilities of gas coke as a domestic fuel that experiments have for some time been carried on at the Health Office. The results of some of these experiments have already been published in my last year's Annual Report. Briefly, it was found that by burning dry gas coke from vertical retorts in all-fire brick well grates, rooms could be warmed even better than with coal; beautiful radiant fires could be readily obtained with entire absence of smoke, and at a cost considerably below that of coal fires.

Additional experiments have been carried out at the Health Office during the year 1926, in order to compare the efficiency of dry vertical coke with (*a*) Welsh steam coal, and (*b*) a special smokeless fuel. As still further comparative experiments with a variety of other smokeless fuels are contemplated, the details of the investigation are held over for the time being. Suffice it to say that, up to the present, dry gas coke has quite held its own from the point of view of both efficiency and cheapness.

Plan and elevation of the "Salford" type of all-firebrick grate were published in the 1925 Annual

Report; here were also set forth detailed instructions as to lighting and maintaining the fires.

If an unlimited supply of dry coke were available, the smoke problem could be solved to-day; unfortunately, the supply is at present only small. It is manufactured in vertical retorts by a comparatively new process. The coke is discharged from these retorts in a cool state, so that no quenching with water is required. This is in marked contrast to the ordinary method of coke production, where the retort charges are emptied in a red hot condition, so that copious quenching is necessary.

Vertical dry coke ignites with comparative ease and quickly gives a red hot fire with almost colourless flames playing above it.

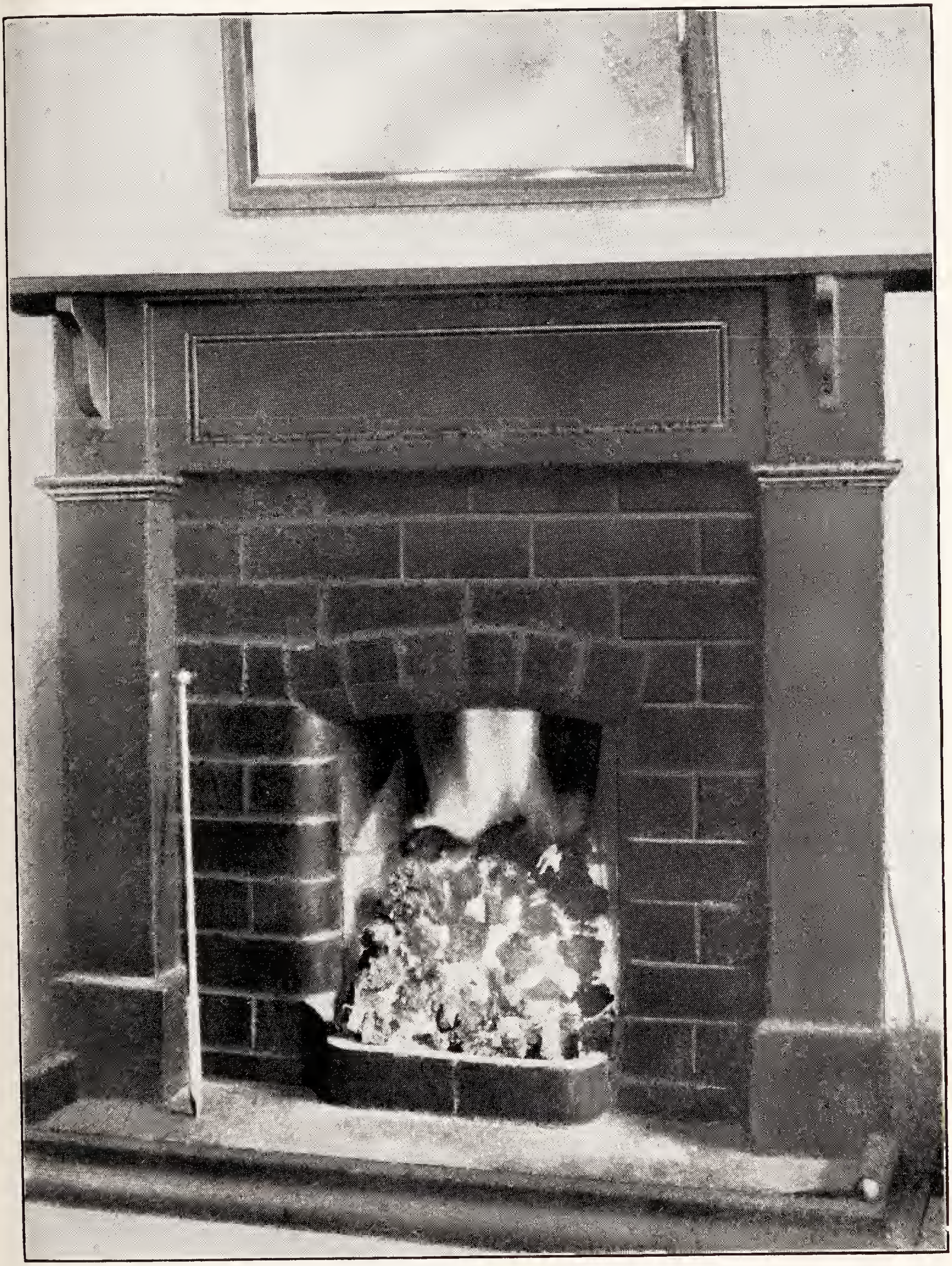
The accompanying illustration is reproduced from an actual photograph of such a coke fire burning in an all-firebrick "Salford" type of grate.

One can only repeat that the numerous practical tests carried out under personal supervision show that by burning dry coke in an all-firebrick grate, a very efficient, agreeable, and economic means of domestic heating is obtained.

It is very probable that, in the future, there will be an increased output of this vertical coke, to meet the increasing demand which is certain to occur when the public realise its potentialities as a domestic fuel.

How far can the supplies of solid smokeless fuels at present available replace raw coal for domestic use? Unfortunately, only to a limited extent.

The "Salford" Coke Fire.



Dry Gas Coke (produced in Vertical Retorts) burning in Salford type of all-fire-brick well grate. Observe the smokeless flame issuing from the intensely hot fuel. There is no bottom draught whatever.

We may take it that somewhere about 40,000,000 tons of raw coal are annually consumed in domestic fires in this country.

The total output of gas coke is about 8,000,000 tons per annum and of smokeless anthracite 4,000,000 tons per annum.

With regard to the various low temperature smokeless fuels, the supply is at present comparatively small and in many areas unobtainable, but plants for their production are now springing up in different parts of the country.

There appears to be little doubt that in the not far distant future, substantial supplies of solid smokeless fuel will be forthcoming, and these will eventually replace in domestic grates the raw coal now being used with such evil effects on our atmosphere.

Meanwhile, it is our duty to see that more and more of the 8,000,000 tons of gas coke finds its way into domestic grates, so to lessen the smoke nuisance, particularly in densely populated areas such as ours.

Gas undertakings can help the public by paying increased attention to the quality of the coke they produce, and by turning out an increasing amount of free-burning fuel, such as the vertical dry coke already described.

At the same time, any new grates installed should be of the all-firebrick type, suitable for burning coke. These will also be suitable for burning solid smokeless fuel when such becomes available on the big scale.

In conclusion, I would invite attention to a very striking correlation which emerges from a comparison of the health statistics for the year 1926 with previous years. As already stated, the general death rate for the year (12·5 per 1,000 living) is the lowest ever recorded for Salford. The greatest reduction of mortality occurs in the great group of respiratory diseases, and this fact, associated with the occurrence of the prolonged coal dispute and consequent relative purity of our atmosphere, is a matter of some significance.

SECTION IIB.

Public Health Propaganda.

There are many circumstances associated with slum life, but not necessarily a consequence thereof, which play an important role in enhancing mortality and sickness rates.

Take the case of grossly overcrowded houses, of which, unfortunately, instances abound in the poorer quarters at the present time. Here is an evil bad enough of itself in all conscience, but greatly intensified by the neglect of the inhabitants to open bedroom windows at night. To the health official entering such rooms the following morning, the atmosphere is truly appalling.

Again, the characteristic untidyness and apathy of the slum dweller lead to accumulations of dirt and refuse which, of course, encourage fly breeding and consequent spread of infection to milk and foodstuffs.

Ignorance concerning food values induces the poor person to spend hard earned money on such things as "Meat and Malt Wine," instead of on nourishing milk or other wholesome food. Improper infant feeding and management lead to wasting, disease, and death.

Thus, quite apart from the urgent problem of sanitation with which the health authority is confronted, namely, that of relieving overcrowding and improving environment, there is a clear case for Public Health Propaganda—the preaching of the Gospel of Hygiene, and the inculcation of a "Health Conscience."

But it is not only the poorest members of the community that habitually contravene the laws of hygiene. Many people in comfortable circumstances, who ought to know better, display a woeful lack of Health Conscience, and suffer accordingly.

Thus, many a case of tuberculosis is developed through unhealthy habits and avoidance of fresh air; many an infection is acquired through neglect to wash hands before touching food; common colds and many other infections would not be nearly so prevalent if people avoided crowding together in imperfectly ventilated premises.

There is no doubt of the vast improvement in health statistics which would result if the community, as a whole, understood the simple laws of health.

It is an obvious duty to bring such knowledge to everyone capable of understanding; the problem is how to accomplish this. We realise that not one method alone but a number of different methods are required to ensure a wide dissemination of health knowledge amongst the population of a large city such as ours.

Health Weeks and lectures will appeal to certain classes of people. The cinema has proved a very valuable educational means, as has also wireless broadcasting. The distribution of health leaflets and the publication of articles on health matters in the newspapers are largely employed and constitute useful propaganda.

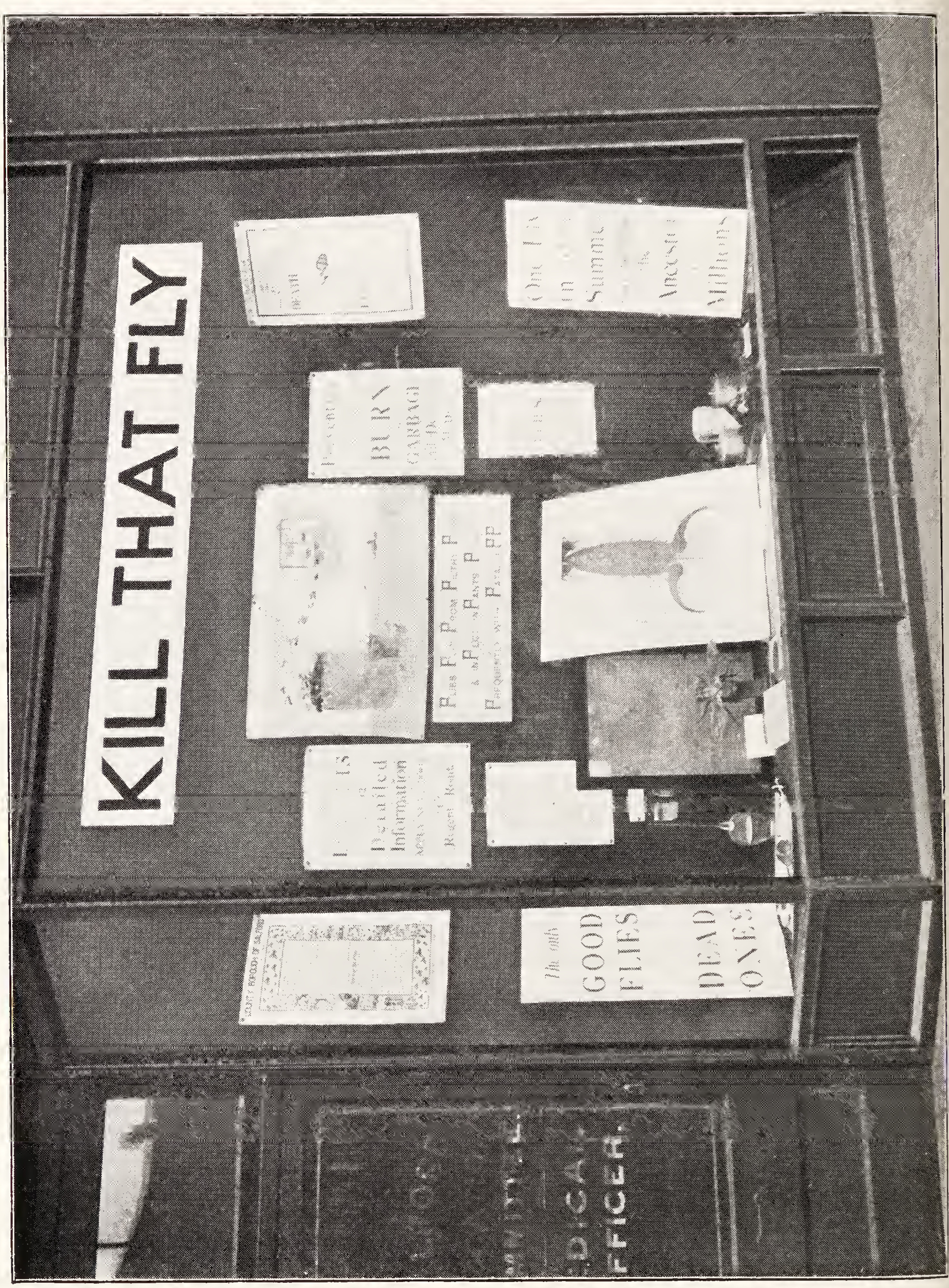
A further educational method suggested itself to the writer some time ago. This arose from the fact that the Salford Health Department is now housed in a four-storey building on a main road, and consisting originally of a number of large shops on the ground floor, with smaller rooms on the floors above.

It was realised that the large plate glass shop windows, for a time partly painted over and obscured, might with advantage be used for the purpose of permanent health exhibits. This idea received the approval of the Health Committee, and a series of exhibits has, therefore, been prepared, the first of which, entitled "Kill that Fly," was placed on view in the Summer of 1926.

The following photographs and descriptive matter will give some idea of the scope of these exhibitions.

"Kill that Fly."

The largest exhibit in this display was a photograph of a fly's foot magnified one thousand times, which showed clearly the adhesive nature of the pads. Inset upon the photograph was a circle showing typhoid bacilli, also magnified one thousand times.

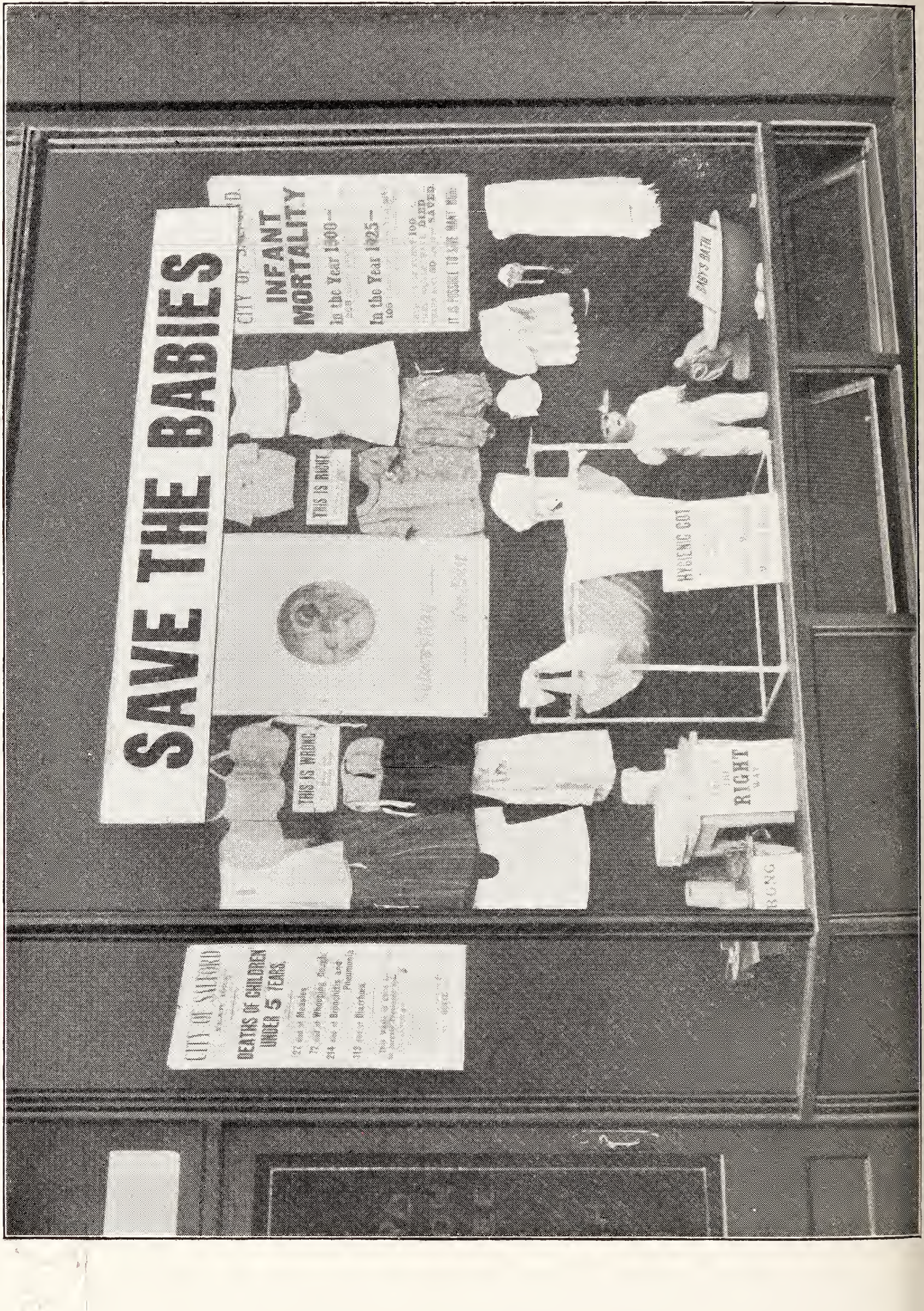

KILL THAT FLY
BURN GARBAGE
Detailed Information
The only GOOD FLIES are DEAD ONES
MEDICAL OFFICER

In front of this photograph were placed plates of prepared media over which a fly had been allowed to walk and showing colonies of bacteria planted by the fly's feet. Models of food contaminated by flies and a model refuse heap were also shown. Matter describing the habits of the fly in breeding in filth and conveying it to human food was introduced. Various contrivances for protecting food from flies, and several forms of fly traps and fly catchers were also displayed.

One of the principal points stressed in this display was the danger likely to result from the contamination of human food by flies, *e.g.*, it was pointed out that diarrhœa, which is responsible for many deaths among children during the summer months, is often traceable to contaminated milk which the child has drunk.

The display was completed by the inclusion of a number of slogans and placards, and a large model of a fly.

In connection with this exhibit, leaflets were given out from the Public Health Department containing detailed information as to how to prevent the fly nuisance. These leaflets contained a number of useful suggestions for dealing with the fly problem, *e.g.*, it was suggested that housewives should burn all vegetable and animal refuse, and should see that sanitary bins have close-fitting lids. It was also suggested that every effort should be made in each household to secure the destruction of flies by all possible means.


SAVE THE BABIES
CITY OF SALFORD
INFANT MORTALITY
In the Year 1900—
In the Year 1925—
IT IS POSSIBLE TO SAVE MANY MORE
THIS IS RIGHT
THIS IS WRONG
BABY'S BATH
HYGIENIC COT
THE RIGHT WAY
CITY OF SALFORD
DEATHS OF CHILDREN UNDER 5 YEARS.
121 died of Measles
72 died of Whooping Cough
214 died of Bronchitis and Pneumonia
318 died of Diarrhoea

"Save the Babies."

This display attracted great attention from the feminine portion of the public. In the centre of the window was placed a specially constructed hygienic cot, as used in the Municipal Maternity Home and Babies' Hospital. The framework of the cot is constructed of metal tubing, from which the cot itself is slung. It is difficult to conceive of a more hygienic arrangement, for the metal framework is easy to keep clean and affords no encouragement to insect life. On the left of the cot were shown "The Right Way" and "The Wrong Way" of dealing with utensils used in feeding a child. Fastened to the background were various articles of children's clothing, again illustrating "The Right Way" and "The Wrong Way." Various articles connected with the baby's toilet were also included.

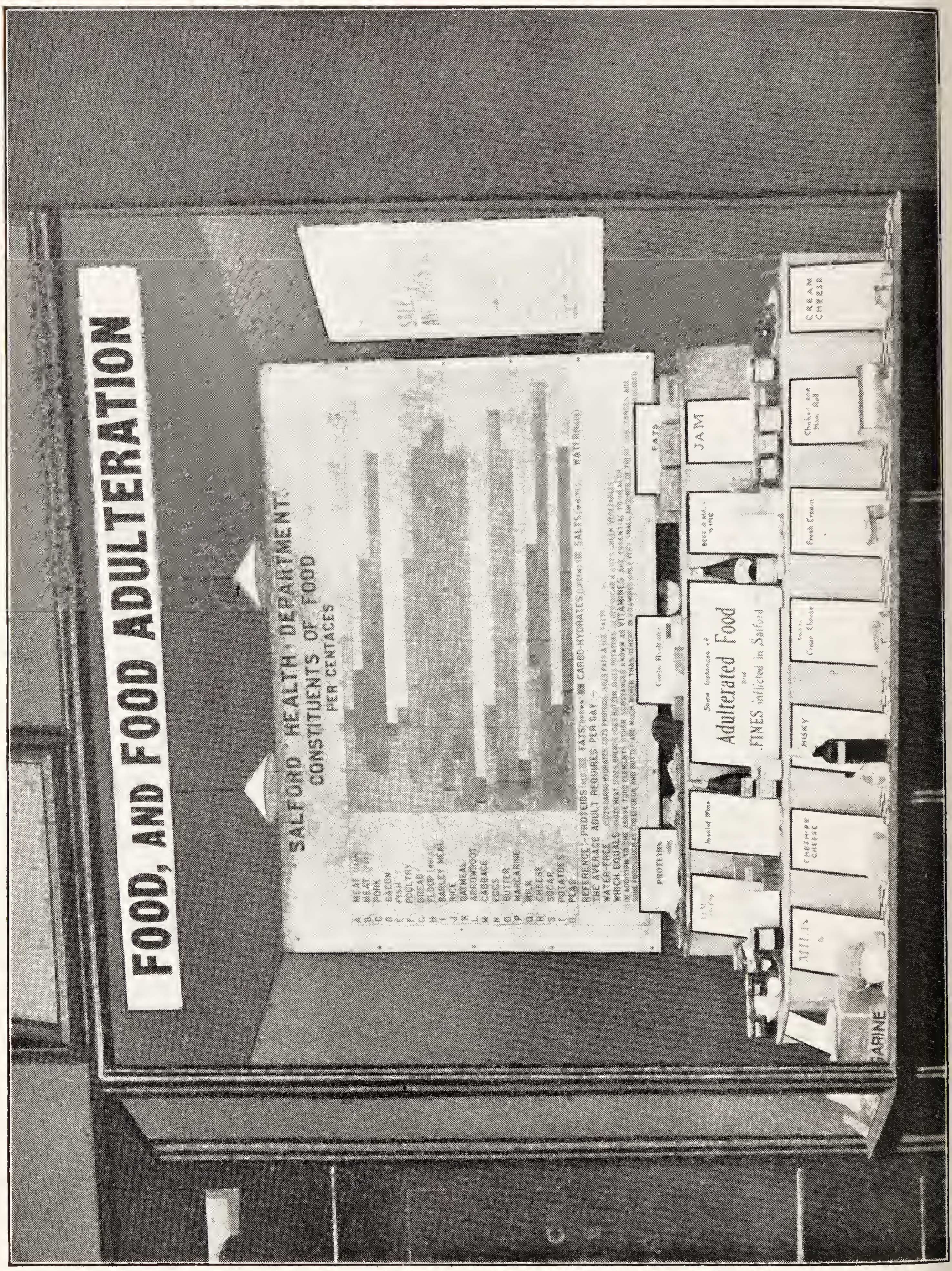
Placards were included giving statistics relating to infant mortality and deaths of children under five years, which it was thought might be of interest to the public.

"Food and Food Adulteration."

The exhibits included in this window can be divided into two sections:—

(*a*) A large chart, showing the constituents of various foodstuffs and their dietetic value, together with samples of some of the principal classes of foodstuffs, *e.g.*, proteids, carbo-hydrates, etc.

(*b*) A considerable number of samples and descriptive matter illustrating prosecutions which took place during


FOOD, AND FOOD ADULTERATION
SALFORD HEALTH DEPARTMENT.
CONSTITUENTS OF FOOD
PER CENTAGES
MEAT
PORK
BACON
FISH
POULTRY
BREAD
FLOUR
BARLEY MEAL
RICE
OATMEAL
ARROWROOT
CABBAGE
EGGS
BUTTER
MARGARINE
MILK
CHEESE
SUGAR
POTATOES
PEAS
REFERENCE—PROTEIDS FATS CARBO-HYDRATES SALTS WATER
THE AVERAGE ADULT REQUIRES PER DAY—
PROTEINS
FATS
Carbo-Hydrates
JAM
Some Instances of Adulterated Food and FINES inflicted in Salford
MILK
CHESHIRE CHEESE
MILKY
Fresh Cream
Chicken and Ham Roll
CREAM CHEESE
ARINE

1926 in Salford under the Sale of Food and Drugs Acts. For instance, the public were informed that there had been fourteen prosecutions for selling adulterated milk in the City during the year, the fines totalling £55. A sample of whisky that had been watered down to 14 per cent, involving the dealer in a fine of £15, was also included. In another instance there was a penalty of £5 for the sale of cheese as Cheshire cheese when, as was proved, it came from Holland, and was made from milk 50 per cent deficient in cream. A model sample of chicken and ham roll which contained no chicken was also exhibited.

"Pure Milk—The Perfect Food."

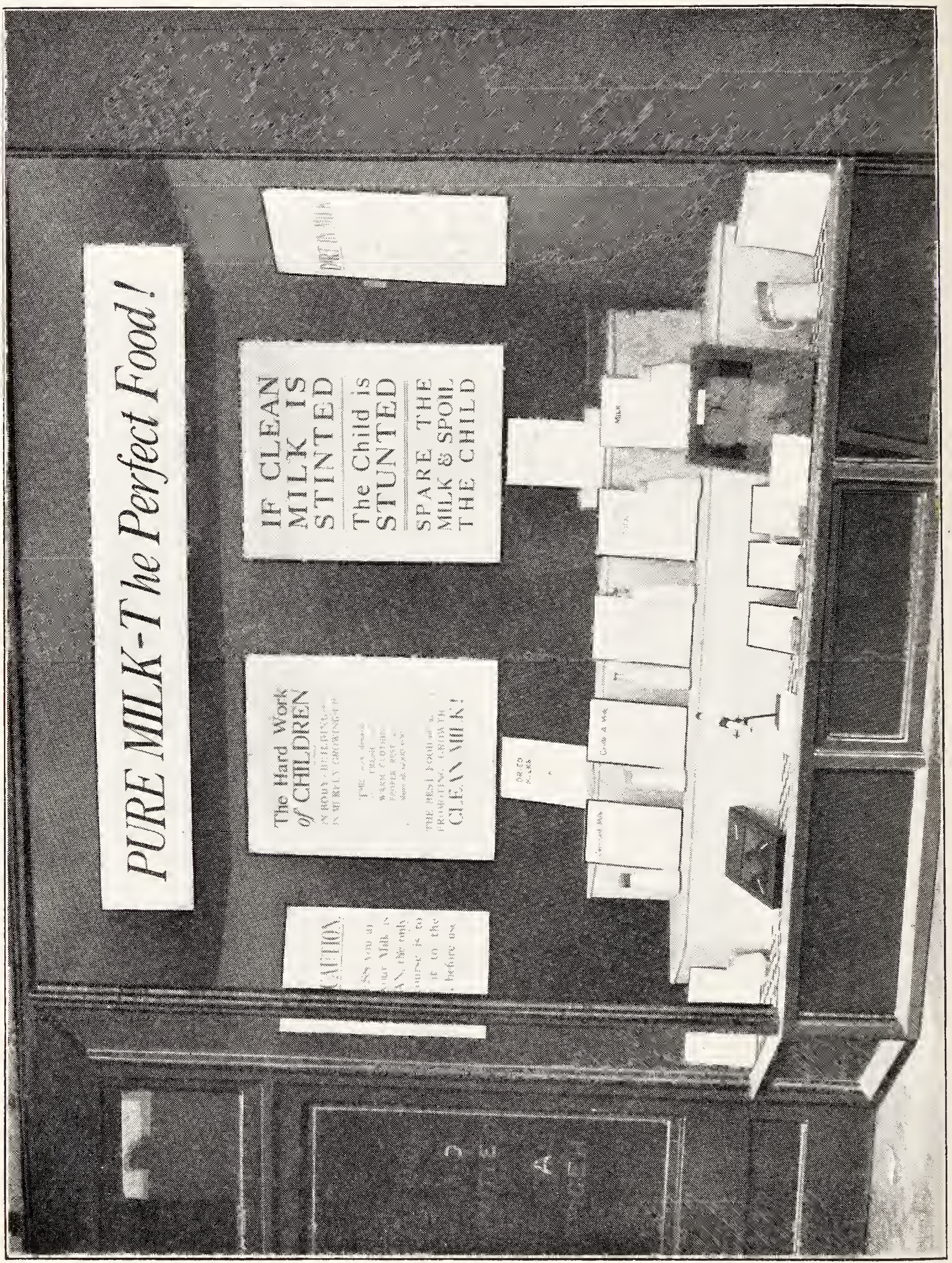
This window was intended principally to inform the public as to the different grades of milk specified in the Milk (Special Designations) Order, 1923, and included a short description of each grade. The various grades of milk were described as follows :—

Pasteurised Milk.

Ordinary farm milk, not necessarily clean. Treated by heat by the retailer, thus reducing the number of germs without completely sterilising.

Grade A Milk.

Produced from clean and healthy cows examined and certified by a Veterinary Surgeon, though not tuberculin tested. Not bottled on the farm, but bottled by the retailer. Has a high standard of cleanliness, though lower than that of Certified Milk.


PURE MILK-The Perfect Food!
IF CLEAN MILK IS STINTED
The Child is STUNTED
SPARE THE MILK & SPOIL THE CHILD
The Hard Work of CHILDREN
IN BODY-BUILDING
IS MERELY GROWING
THE BEST FOOD FOR PROMOTING GROWTH
CLEAN MILK!
CAUTION.
MILK

Certified Milk.

From clean and healthy cows which have been examined and certified by a Veterinary Surgeon and proved free from tuberculosis by the tuberculin test. Bottled on the farm. Has a very high standard of cleanliness.

In order to illustrate the fact that contaminated milk may cause disease, a dissection of a guinea pig showing enlarged tubercular glands as the result of inoculation with raw milk from a tubercular cow, was exhibited, together with a dissection of a tubercular udder. Plates of media treated with ordinary milk, certified milk, and sterilised milk were also shown, in order to demonstrate the comparative freedom from contamination of the higher grades of milk.

Cards were also included, giving hints to housewives as to how milk should be kept in the house.

One exhibit which attracted considerable attention, not only from the ordinary public but from the Local Milk Dealers' Association, was a tube containing a sample of dirty milk, the tube being so inclined that the sediment collected at the end near to the window. The sample was rather worse than the average, but served very well to illustrate the possibility of consuming quantities of dirt in milk.

SECTION IIc.

Municipal Lodging House
(Salford House),

In deciding to present a special report upon this little known branch of the activities of the Health Department, I was influenced by the following considerations—firstly, that it is of very real benefit to a large number of men who, but for its existence, would have to put up with either very inferior or much more expensive accommodation ; secondly, that a very real ignorance exists as to its value and the reasons for its existence; and, in the third place, that, so far as I have been able to discover, this Institution has never been made the subject of a report to the Health Committee since its erection.

To deal with the first of these considerations, it is desirable to state the reasons which guided the Health Committee to their decision to erect in 1893 what is believed to have been the first Municipal Lodging House in this country. In those days, as at the present time, a peculiar difficulty attached to the problem of finding proper accommodation for the working man who either has no home of his own or whose work takes him away from home. There is a great number of such individuals, and the poorer of them have to accept such accommodation as is offered by Common Lodging Houses, where they can obtain shelter in return for a charge of 9d. to 10d.

per night. These Common Lodging Houses are under the special supervision of Corporation Inspectors, but, in spite of all their efforts, the conditions obtaining in many of them are by no means ideal. The law has fixed the minimum cubic space in the dormitories at 400 cubic feet, or a space 7 feet in length, 7 feet in breadth, and about 8 feet in height. It is interesting to note in this connection that in prisons 600 cubic feet of air space is allowed to each prisoner; in Fever Hospitals the amount allowed is 2,000 cubic feet; while in workhouse dormitories it ranges from 600 to 800 cubic feet.

In the average Common Lodging House, again, there is practically no provision for comfort; in fact, to all intents and purposes, the ordinary Common Lodging House exists to provide sleeping quarters only for its clientèle and makes little attempt to cater for their other personal needs.

A realisation of the importance of making an effort to ameliorate in part, at least, these unsatisfactory conditions, led the Health Committee of the Salford Corporation in 1891 to decide upon the erection of a Municipal Common Lodging House. They purchased a piece of land situated in Bloom Street, then in the heart of the congested portion of Salford, and, demolishing the insanitary dwellings thereon, erected the structure now known as Salford House, which was formally opened in October, 1893. The entire cost of the undertaking was £16,880.

The building consists of two main blocks, each four storeys in height, both fronting the street and separated by the Entrance Hall. This arrangement gives light and air to all four sides of the dormitories which occupy the whole of the three upper storeys. On the ground floor are the Manager's Office and Parcel Office; the Hall (30 feet by 36 feet); the Day Room (71 feet by 31 feet); the Dining Room (48 feet by 31 feet); the Kitchen; a grocer's shop; stores and scullery.

The Day Room is the room set apart for the use of the lodgers during their waking hours, and is available for their use at any time between the hours of 5 a.m. and 10-30 p.m. Newspapers are provided, free of charge, and this provision is much appreciated. Any restriction of the men's behaviour while in the Day Room has always been avoided within reasonable limits. The conduct of the lodgers, for the most part, is excellent, but there are, of course, occasions when the Manager feels it necessary to interfere in order to preserve order. In the matter of discipline he (the Manager) has always been allowed a free hand. The Room is furnished comfortably and is kept properly lighted and heated.

Special attention has been given to the dining arrangements. A lodger requiring a meal may proceed to the grocery shop, buy what he requires, obtain the utensils he needs at the crockery counter, cook his food in the kitchen, eat his meals in the dining-room, and return the used cooking utensils and crockery to the scullery to be cleaned. Eating utensils of every description, except knives, forks, and spoons, are loaned to the lodgers free of charge.

At the rear of the block, a range of one storey buildings comprises laundries, lavatories, baths and conveniences.

Above the ground floor of the building there are two main blocks with a connecting landing and staircase. These blocks contain the dormitories, of which there are three in each block. Each dormitory in one block is divided into 48 cubicles, and each dormitory in the other block is divided into 47 cubicles, making a total accommodation for 285 lodgers. With a view to ensuring the maximum of cleanliness, the cubicles were constructed of sheet steel.

Having regard to the purpose for which the building is used, it is obvious that special precautions must be taken against the risk of fire. As far as possible, fire resisting materials were used in the structural work, and sets of fire extinguishing apparatus are provided on each staircase landing, each set including a hydrant from the water main. From each dormitory an external fire escape staircase is provided.

The building is centrally heated throughout and is lighted by electricity.

Suitable provision has been made to meet the lodgers' personal needs in other directions. Hot baths may be obtained at any reasonable time, free of charge. Clothing may either be washed in the laundry by the Corporation's laundresses for a small charge, or may be washed by the owners themselves in a wash-house specially provided for the purpose. In case of illness, if the man is insured under the National Health Insurance Act, his own doctor is called in ; if not, the manager summons a doctor practising in the vicinity of the Lodging House, and in case of serious illness the man is removed to hospital at once.

In an establishment of this nature an enormous amount of domestic work is entailed. The utmost attention is paid to cleanliness in every detail. The cubicles themselves receive, perhaps, the closest attention, and each cubicle is inspected daily by the Manager. The staff employed consists of a manager (who resides in a house adjoining the main building), 4 porters (including one night porter), and 14 female attendants. Four of these women are employed constantly in keeping clean the kitchen, scullery and dining room, and in washing the cooking and eating utensils. The remaining women are employed in the laundry, and in cleaning, making beds, etc., throughout the building. The duties of the male porters are many and varied, ranging from the operation of the heating apparatus to dealing with refractory lodgers.

It is not claimed that the life of a lodger in Salford House is ideal, nor that it cannot be improved upon in the light of experience gained since its opening. No doubt improvements in the existing building are desirable, but it should be remembered that Salford was a pioneer in this, as in certain other directions, and it is surprising that so little can be found to cavil at in this establishment. But it is claimed that for the homeless man of small means or the man working away from home, Salford House does meet the case. For 1s. per night, or 6s. 6d. per week he may have far more than a roof over his head, for he may enjoy the privacy of a separate sleeping apartment, he is provided with the means of personal cleanliness, the opportunity to cook and eat his meals under decent conditions, and accommodation in which to spend his leisure hours, which, if not luxurious, is at least tolerable.

That the Institution is appreciated and does meet a very real need, is demonstrated by the fact that under normal industrial conditions, that is to say, when there is far less unemployment than exists at the present time, it is rare for more than a very few beds to be unoccupied each night. Many men take up residence there for years on end. Six men now lodging at Salford House have resided there for unbroken periods of over twenty years each, and others who regularly travel up and down the country visit the house again and again, whenever their wanderings bring them to Salford. It is significant that Salford House is least used during periods of distress, for it is then that men who would otherwise have stayed there find themselves unable to afford the charge and drift elsewhere. Even during periods of acute industrial depression the number of empty beds has rarely exceeded 20 per night. During the year ended 31st December, 1926, beds were let on 94,640 occasions, this being an average of 259 per night.

Bearing in mind the fact that the Institution is practically self-supporting and that it is so much used and appreciated, it may well be agreed that the enterprise of the Health Committee of 1891 has justified itself.

SECTION III.

Infectious Diseases.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

The number of notifications of notifiable infectious diseases shows a large decrease for 1926, the total number of cases notified being 2651, this being a decrease of 833 as compared with 1925. This is largely accounted for by the fact that chicken pox (of which 1,145 cases were notified during 1925) ceased to be compulsorily notifiable on 31st December, 1925.

There were, however, comparatively large increases in other diseases, as follows:—

Disease.	Increase over 1925.
Diphtheria	157
Scarlet Fever	210

The principal decreases were as follows:—

Disease.	Decrease from 1925.
Acute primary pneumonia	46
Enteric Fever	20

As regards Scarlet Fever, there is no doubt that the present-day type is much milder than that of former years.

Details of the number of cases of infectious disease notified are given in Tables 1 and 2 (pages 99, 100 and 101).

The usual methods, described in previous reports, for the prevention of the spread of these diseases were continued. School teachers are encouraged to report, in addition, cases of non-notifiable disease, which are at once investigated by the School Medical Officers.

Supplies of Diphtheria Antitoxin are kept by the department and are available, free of charge, immediately to any Medical Practitioner who applies for the same.

There were 99 cases of Influenzal-Pneumonia notified, but there has been no recrudescence of Influenza in epidemic form, 39 deaths occurring from this disease.

One case of Malaria was notified.

The Salford Corporation have an Infectious Diseases Hospital (Ladywell Sanatorium) to which cases which cannot be isolated at home are removed for treatment (including advanced cases of Tuberculosis in males). The Sanitary Staff of the Department carry out disinfection of the premises where cases of infectious disease have occurred.

The Corporation have a Special Disinfecting Station at Mode Wheel, where a considerable number of verminous persons, principally children, are dealt with every year.

NOTIFIABLE DISEASES.	Cases notified in Whole District.								Total Cases notified in each Ward.																Cases removed to Hospital.
	At All Ages.	At Ages—Years.																							
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.	Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park	Ordsall Park.	Regent.	St. Matthias'.	St. Paul's.	St. Thomas'.	Seedley.	Trinity.	Weaste.	
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous croup)	533	2	122	316	54	35	4	..	23	37	4	59	37	42	30	29	62	49	45	20	11	12	44	29	513
Erysipelas	140	3	3	10	20	39	51	14	6	9	4	11	8	5	4	9	13	11	12	12	13	3	11	9	60
Scarlet fever	720	5	173	453	62	23	4	..	70	73	29	67	26	31	42	64	38	37	72	40	35	28	37	31	615
Typhus fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	10	..	..	2	4	3	1	..	..	1	..	2	2	1	..	1	1	..	..	1	..	..	..	1	8
Continued fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever	20	..	..	..	3	17	..	..	2	..	..	5	3	1	1	1	..	1	1	3	..	..	1	1	14
Puerperal Pyrexia	12	..	..	..	5	7	..	..	..	2	..	1	1	..	..	..	..	2	2	2	..	..	2	..	2
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis	3	2	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	3
Acute-Poliomyelitis	4	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	1	..	1
Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	50	50	..	..	..	..	..	..	4	8	..	6	..	5	1	4	4	7	1	1	..	1	6	2	..
Pulmonary tuberc'lsis	532	3	7	47	134	232	99	10	30	27	9	104	39	15	28	25	36	41	30	32	27	17	52	20	564
Other forms of tuberculosis	123	6	22	52	26	13	4	..	2	7	1	28	4	2	7	5	12	6	10	8	12	1	16	2	24
Malaria	1	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Primary Pneumonia	363	..	..	..	..	..	..	..	12	3	1	80	14	4	29	19	17	14	48	28	18	6	52	18	..
Influenzal Pneumonia	99	..	..	..	..	..	..	..	2	2	1	10	1	2	21	3	5	6	2	22	9	6	4	3	..
Encephalitis Leth.	13	..	..	4	2	4	1	2	2	1	2	2	..	..	..	1	1	2	..	1	..	..	1	..	2
Acute Polio Encephalitis	4	..	3	..	..	..	1	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..
Pemphigus Neonatorum	24	24	..	..	..	..	..	..	..	..	..	5	4	1	..	1	2	1	2	1	5	..	..	2	..
Total	**2651**	**96**	**333**	**885**	**310**	**373**	**165**	**27**	**153**	**171**	**52**	**380**	**141**	**110**	**163**	**163**	**193**	**178**	**226**	**171**	**130**	**74**	**227**	**119**	**1806**

Excluding Pneumonia.

TABLE I. 2.

Showing the Number of Cases of Infectious Disease notified to the Health Department during the years 1883 to 1926.

Year.	Small Pox.	Scarlet Fever.	Diphtheria.	Fever.					Erysipelas.	Cholera.	Plague.	Anthrax.	Glanders.	Cerebro-Spinal Meningitis.	Acute Poliomyelitis.	Ophthalmia Neonatorum.	Measles.	Tuberculosis.		Total.
				Enteric.	Typhus.	Continued.	Relapsing.	Puerperal.										Pulmonary.	Non-Pulmonary.	
1883	6	805	81	293	14	..	..	21	..	..	..	..	..	..	..	..	..	..	..	1220
1884	5	1154	99	422	35	..	..	14	..	..	..	..	..	..	..	..	..	..	..	1729
1885	11	632	54	205	32	..	..	15	..	..	..	..	..	..	..	..	..	..	..	949
1886	..	1536	41	288	5	..	..	12	..	..	..	..	..	..	..	..	..	..	..	1882
1887	4	1427	83	368	7	..	..	11	..	..	..	..	..	..	..	..	..	..	..	1900
Average 5 years	**5**	**1111**	**72**	**315**	**19**	..	..	**15**	..	..	..	..	..	..	..	..	..	..	..	**1537**
1888	52	1128	175	572	31	..	..	26	..	..	..	..	..	..	..	..	..	..	..	1984
1889	..	1283	691	485	3	..	..	14	..	..	..	..	..	..	..	..	..	..	..	2476
1890	..	985	704	383	6	4	..	22	76	..	..	..	..	..	..	..	..	..	..	2180
1891	..	483	231	377	1	6	..	13	53	..	..	..	..	..	..	..	..	..	..	1164
1892	7	865	231	347	5	5	..	26	86	..	..	..	..	..	..	..	..	..	..	1572
Average 5 years	**12**	**948**	**406**	**433**	**9**	**3**	..	**20**	**43**	..	..	..	..	..	..	..	..	..	..	**1874**
1893	168	865	261	563	5	12	..	30	147	..	..	..	..	..	..	..	..	..	..	2051
1894	35	1043	242	316	1	14	..	21	130	..	..	..	..	..	..	..	..	..	..	1802
1895	4	1167	194	382	..	11	..	19	111	..	..	..	..	..	..	..	..	..	..	1888
1896	2	1579	158	291	7	12	..	24	114	..	..	..	..	..	..	..	..	..	..	2187
1897	..	714	103	291	..	14	..	13	121	..	..	..	..	..	..	..	..	..	..	1256
Average 5 years	**42**	**1074**	**192**	**369**	**3**	**13**	..	**21**	**125**	..	..	..	..	..	..	..	..	..	..	**1836**

Year.	†Chicken	Small	Scarlet I	Diphth	Enteric.	Typhus.	Con-tinued.	Puerpera	Puerperal I	Pemph Neonat	Erysip	Anth	Cerebro-Mening	Acu Poliomy	Ophtha Neonat	* Meas	Pul-monary.	Non-Pul monary	Trench	Mala	Acute Encepl	Dysen	Acute I Pneumo	Influe Pneum	Enceph Lethar	Tot
1898	..	..	659	97	367	16	14	31	..	..	146	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1330
1899	..	..	723	184	273	3	20	26	..	..	153	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1382
1900	..	6	1317	309	335	2	8	21	..	..	179	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2177
1901	..	..	1320	420	317	1	8	33	..	..	230	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2329
1902	..	23	780	292	297	43	6	16	..	..	164	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1531
Average 5 years	..	**6**	**960**	**260**	**300**	**13**	**11**	**25**	..	..	**174**	..	..	..	..	..	..	..	..	..	..	..	..	..	..	**1750**
1903	..	175	737	335	178	..	1	13	..	..	161	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1600
1904	..	57	1043	422	202	10	7	21	..	..	168	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1930
1905	..	3	960	363	142	..	7	26	..	..	176	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1677
1906	..	..	904	432	225	..	1	21	..	..	142	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1725
1907	..	8	1044	384	92	..	5	23	..	..	136	..	..	..	..	..	356	..	..	..	..	..	..	..	..	2048
Average 5 years	..	**49**	**933**	**387**	**168**	**2**	**4**	**21**	..	..	**157**	..	..	..	..	..	..	..	..	..	..	..	..	..	..	**1796**
1908	..	..	1341	629	181	..	7	27	..	..	127	..	..	..	..	..	563	..	..	..	..	..	..	..	..	2875
1909	..	..	1577	562	138	..	2	26	..	..	182	..	..	..	..	..	581	..	..	..	..	..	..	..	..	3068
1910	..	..	909	333	113	..	..	24	..	..	129	..	..	..	..	..	651	..	..	..	..	..	..	..	..	2159
1911	..	..	911	375	108	..	1	24	..	..	217	..	..	..	..	..	714	..	..	..	..	..	..	..	..	2350
1912	..	..	541	242	76	..	7	26	..	..	181	..	1	29	..	..	1073	..	..	..	..	..	..	..	..	2206
Average 5 years	..	..	**1056**	**428**	**123**	..	**3**	**25**	..	..	**167**	..	..	..	..	..	**716**	..	..	..	..	..	..	..	..	**2532**
1913	..	4	1224	336	113	..	1	17	..	..	203	3	4	2	..	..	1206	503	..	..	..	..	..	..	..	3616
1914	..	1	2336	352	63	..	..	20	..	..	248	1	3	5	80	..	1126	236	..	..	..	..	..	..	..	4471
1915	..	1	997	236	84	..	..	23	..	..	172	..	9	7	97	..	816	195	..	..	..	..	..	..	..	2637
1916	..	8	442	204	47	..	..	13	..	..	124	..	9	1	60	2065	745	241	..	..	..	..	..	..	..	3959
1917	..	..	200	183	40	..	..	2	..	..	91	..	2	2	43	3100	575	213	..	..	..	..	..	..	..	4401
Average 5 years	..	**3**	**1040**	**252**	**69**	..	**1**	**15**	..	..	**167**	**1**	**5**	**3**	**70**	**2582**	**893**	**278**	.	..	..	..	..	..	..	**3817**
1918	..	..	289	148	42	..	..	17	..	..	92	..	2	2	53	766	556	143	..	..	..	..	..	..	..	2110
1919	..	4	663	211	20	..	..	32	..	..	131	..	6	3	85	2689	583	107	2	117	..	56	..	365	4	5078
1920	..	1	1124	334	49	..	1	40	..	..	135	..	10	1	116	..	574	120	..	42	..	8	..	230	6	2791
1921	..	..	1746	313	41	..	2	19	..	..	146	..	9	..	81	..	553	102	..	11	..	1	..	394	7	3425
1922	..	..	1275	359	37	..	..	25	..	..	141	..	4	..	72	..	510	101	..	6	..	..	..	426	1	2957
Average 5 years	..	**1**	**1019**	**273**	**37**	..	**1**	**26**	..	..	**129**	..	**6**	**1**	**81**	**1727**	**555**	**115**	**1**	**35**	..	**13**	..	**283**	**4**	**3272**
1923	..	..	868	304	27	..	..	22	..	..	98	1	5	1	57	..	547	125	..	4	..	1	114	86	8	2268
1924	..	..	403	286	26	..	..	18	..	..	89	..	4	1	56	..	557	87	..	1	2	1	461	138	59	2189
1925	1145	..	510	376	30	..	..	17	..	..	134	..	2	1	60	..	507	132	..	1	1	..	409	132	27	3484
1926	..	..	720	533	10	..	..	20	12	24	140	..	3	4	50	..	532	123	.	1	4	..	363	99	13	2651

*Measles notifiable in Salford 1916 to 1919. †Chicken Pox notifiable in Salford, January 22nd to December 31st, 1925.

VENEREAL DISEASES.

The arrangements for the provision of a Venereal Diseases Clinic have been made with the Salford Royal Hospital, where beds for the provision of in-patient treatment are also provided.

Particulars of the Staff, times of Clinics and the facilities available for irrigation of cases of Gonorrhœa during the intervals between the Clinics are as follows :—

Staff of Salford Royal Hospital (Venereal Disease Section).

Dr. R. Gibson.
Mr. J. D. Macalpine.

Clinical Assistants—
Dr. J. Ghosh.
Dr. W. Elwood.

Pathologist—
Dr. C. E. Jenkins.

The Clinics held are as follows :—

Skin Department—

Monday, 12 noon	Men, Women and Children.
Wednesday, 6 p.m.	Women and Children.
Wednesday, 7 p.m.	Men.

Genito-Urinary Clinic—
Tuesday, 12 noon.
Friday, 6 p.m.

The days and hours for irrigation of cases of Gonorrhœa during the intervals between the Clinics are as follows :—

Males : Monday and Tuesday, 4-30 to 6-30 p.m. ;
Saturday, 10-30 a.m. to 12-30 p.m.
Females : Daily (except Sunday), 8 to 9 a.m.

The following table shows the number of cases treated, and the total attendances at the Clinic during 1926 :—

	Syphilis.	Soft Chancre.	Gonorrhœa.
Salford Cases treated	342	..	402
Out-District Cases treated	144	..	256
Total Cases treated	486	..	658
Total Attendances	5122	..	9560

Below are given miscellaneous particulars regarding the operation of the scheme :—

1. Fourteen Medical Practitioners in the City are qualified to receive Salvarsan substitutes.

2. Novarsenobillon has been supplied to four Salford Practitioners as follows :—

·15	—	doses.
·3	—	doses.
·45	14	doses.
·6	6	doses.
·75	—	doses.
·9	22	doses.

Novarsenobillon has been supplied to two Manchester Practitioners and Sulfarsenol to one Manchester Practitioner, for Salford patients, as follows :—

Novarsenobillon	·45	10 doses.
	·48	10 doses.
	·6	40 doses.
	·75	10 doses.
Sulfarsenol ..	·12	10 doses.
	·24	10 doses.
	·48	10 doses.
	·60	10 doses.

Of the 152 doses supplied to all Practitioners, 20 have been supplied to the Medical Officers for His Majesty's Prison, Strangeways, Manchester.

One hundred and six Tests were made for the Wasserman reaction for Salford Medical Practitioners.

Eleven Specimens were sent for Microscopical examination by Salford Medical Practitioners.

It has not been found necessary to take any action under the Venereal Diseases Act, 1917.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Number of cases which— (*a*) at the beginning of the year under report were under treatment or observation for	216	142	..	..	397	70	39	23	652	235
(*b*) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	..	..	..	..	..	..	..	..	..	..
Total—Items 1 (*a*) and 1 (*b*)	216	142	..	..	397	70	39	23	652	235
2. (*a*) Number of cases dealt with at the Treatment Centre during the year for the first time	90	38	..	..	166	25	107	43	363	106
Total—Items 1 (*a*), 1 (*b*) and 2 (*a*)	306	180	..	..	563	95	146	66	1015	341
2. (*b*) Number of cases included in Item 2 (*a*) known to have received previous treatment at other Centres for the same infection	..	..	..	..	..	..	..	..	..	..
3. Number of cases which ceased to attend— (*a*) before completing the first course of treatment for	23	7	..	..	37	7	..	..	60	14
(*b*) after one or more courses but before completion of treatment for	..	..	..	..	..	..	..	..	..	..
(*c*) after completion of treatment, but before final tests as to cure of	..	..	..	..	..	..	..	..	..	..

VENEREAL DISEASES—*Continued.*

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
4. Number of cases transferred to other Treatment Centres after treatment for	2	1	..	..	..	1	..	..	2	2
5. Number of cases discharged after completion of treatment and observation for......	15	1	..	..	17	4	..	..	32	5
6. Number of cases which, at the end of the year under report were under treatment or observation for	266	171	..	..	509	83	42	18	817	272
Total—Items 3, 4, 5 and 6........	306	180	..	..	563	95	42	18	911	293
7. Out-patient attendances— (*a*) For individual attention by the Medical Officer	3069	2053	..	..	3562	229	296	197	6927	2479
(*b*) For intermediate treatment, *e.g.*, irrigation, dressings, etc.	..	..	..	..	4655	1114	..	..	4655	1114
Total Attendances	3069	2053	..	..	8217	1343	296	197	11582	3593
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from	183	265	..	..	256	47	..	..	439	312

	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
9. Examinations of Pathological material :— (*a*) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre....	..	2378	..	..
(*b*) Specimens from persons attending at the				

The Salvarsan substitutes used in the treatment of Syphilis are Neokharsivan, and Stabilarsan.

Amount and kind of treatment usually administered to a case of Syphilis of each of the types usually dealt with at a Treatment Centre :—

First Course—
Weekly injections of
Neokharsivan and
Mercury (Males).

Grammes of Neokharsivan.
·45 ·6 ·75 ·75 ·9 ·9 ·9 ·9
Hg. Hg. Hg. Hg. Hg. Hg. Hg. Hg. Hg. Hg.

If case is seen in pre-positive Wasserman stage further treatment may not be necessary, but if Lysis is delayed, or if there is a Wasserman positive when seen, then further intra-venous injections of Neokharsivan and Mercury are continued. The first of the second series of courses is given six weeks after first course ends, and the interval is increased by two weeks each time. The whole course lasts nearly two years.

Nature of tests applied in deciding as to discharge of patients :—

Repeated blood tests at three monthly intervals over two years after all treatment has been discontinued, in addition to absence of clinical signs and symptoms. Final test (Blood Test) after provocative intra-venous injection.

TABLE SHOWING THE BACTERIOLOGICAL EXAMINATIONS CARRIED OUT AT THE UNIVERSITY LABORATORY.

Venereal Diseases.

Wasserman Reaction.		Spirochoetæ.		Gonococcus.	
Total.	+	Total.	+	Total.	+
1163	265	..	..	11	..

MUNICIPAL BACTERIOLOGICAL LABORATORY.

Work Carried Out in the Municipal Bacteriological Laboratories from 1st January to 31st December, 1926.

Examinations of the undermentioned specimens have been carried out :—

Sputa		1478
Diphtheria		1345
Blood Typhoid		41
Milk Inoculation		435
Milk, microscopically positive		5
Milk Counts		202
Inoculation for Virulence		37
Faeces	Typhoid	33
Urine		34
Examinations for Maternity and Child Welfare Department		61
Hair for Ringworm		27
Cerebro-Spinal Fluid		3
Various		31

In addition, 43 gross of serum tubes have been supplied to the Ladywell Sanatorium.

TUBERCULOSIS.

Dispensary.

The Tuberculosis Dispensary is situate at Nos. 135 and 137, Regent Road, Salford. There are no branch dispensaries or visiting stations. The staff consists of two Medical Officers, four Health Visitors and three Clerks.

(a) Patients referred for Examination.

Four hundred and seventy-one patients (including non-pulmonary cases) were referred to the Tuberculosis Officers for examination by general practitioners during

1926. It is to be regretted that, in many cases, primary notifications of tuberculosis are received when the disease is in such an advanced state that no treatment can be of lasting value. It is only by the co-operation of the general practitioners in this connection that your Tuberculosis Officers can deal with cases in their earliest and, therefore, most curable stages. All sputum examinations desired by Medical Practitioners are made at the Municipal Bacteriological Laboratory. One thousand, four hundred and six specimens of sputa were examined last year.

(b) Routine Procedure.

When a patient is notified to this Department by a general practitioner as suffering from tuberculosis in any form whatever, the home of such patient is immediately visited by one of the Health Visitors. Precautions as to the likelihood of the spread of infection, the advisability of separate sleeping accommodation, etc., are advised, and efforts are made to secure the attendance at the dispensary of all contacts residing in the same house. Five hundred and thirty-four contacts were examined last year.

It happens not infrequently that a diagnosis cannot be made on first examination of a patient at the dispensary, and in all such cases the patients are re-invited to attend the dispensary periodically until a definite diagnosis is made, when they are either placed under treatment or observation or discharged.

In some cases of advanced disease where removal to an Institution for treatment is impracticable, and adequate nursing is impossible under the patient's home conditions, arrangements are made with the District Nursing Association, and the patients are visited daily (in some cases twice daily) in their homes by a trained nurse. In the case of patients in extreme poverty and recommended by the Tuberculosis Officers as being suitable for the granting of extra nourishments, arrangements are made with milk dealers in the City for milk and eggs to be supplied each day.

The usual type of case receiving these nourishments is the patient discharged from an institution when his or her condition is such that milk and eggs for a period will assist in maintaining improvement.

(c) X-Ray Examinations.

X-Ray examinations are now made at the dispensary in large numbers, and this method of examination is found to be an invaluable aid, not only for purposes of diagnosis but in obtaining information as to the real extent of the disease in the lungs of the patient. It is also of great value in determining the results of treatment. Nine hundred and sixty five cases were examined by X-Rays last year.

(d) Insured Persons.

Insured patients not in need of Institutional treatment are usually placed on domiciliary treatment, that is to say, they are treated by their own doctors whilst residing at home, and records of progress are furnished every three months by the attending medical practitioners. These patients are examined from time to time by one of the Tuberculosis Officers.

(e) Effects of Dispensary Treatment.

The effects of dispensary treatment depends chiefly upon the degree of acuteness of disease in each individual case, the home conditions, the facilities for obtaining suitable food, and the general habits of the patient. Acute cases do not do well as a rule, but the bulk of the patients attending are cases of chronic disease, whose condition appears to keep stationary for long periods.

INSTITUTIONAL TREATMENT.

(a) Nab Top and Ladywell Sanatoria.

The residential institutions in connection with the Tuberculosis scheme are :—

(*a*) Nab Top Sanatorium, Marple.
(*b*) Ladywell Sanatorium, Salford.

There are 120 beds available at the Nab Top Sanatorium, Marple, for the treatment of Salford patients. These beds are occupied principally by observation, early, and intermediate cases of pulmonary tuberculosis. Occasionally, however, cases of surgical tuberculosis are admitted for treatment.

At the Ladywell Sanatorium, there are 60 beds set apart for the treatment of tuberculosis, whilst six more are being provided. Many cases are being admitted to the Ladywell Sanatorium for purposes of observation as to temperature; subsequently, on becoming afebrile, they are transferred to the Nab Top Sanatorium, Marple, for open-air sanatorium treatment.

Advanced cases are isolated in the Ladywell Sanatorium; such isolation is undoubtedly of great value in lessening the danger of massive infections in the homes, but is detracted from, by the difficulty of keeping the patients in hospital indefinitely.

(b) Treatment of School Children.

Cases of definite, or suspected, pulmonary or other forms of tuberculosis in children are always referred by the School Medical Officers to the Tuberculosis Officers for examination. Many of these cases are sent to Nab Top Sanatorium for treatment or observation. A school under the control of an efficient teacher has been established at the Nab Top Sanatorium in order that the child patients may not suffer educationally during their period of treatment. Delicate or pre-tubercular children definitely without signs of lung disease are referred to the School Medical Department for open-air school treatment.

(c) Treatment of Tuberculous Skin Diseases.

Special arrangements have been made with the Manchester and Salford Hospital for Skin Diseases for the treatment of lupus and other tuberculous skin diseases, and a large number of cases were approved for artificial sunlight treatment. There is no doubt that this form of treatment has very considerable beneficial effect in the treatment of tuberculous skin disease, recovery being much more rapid than in cases treated by local applications only. The number of visits paid by patients for artificial sunlight treatment during the year was five hundred and eighty-two. The total number of tuberculous skin cases treated was sixty-four, and the total number of attendances at the Skin Hospital, one thousand one hundred and fifty-five.

(d) Treatment of Surgical Tuberculosis.

Cases of surgical tuberculosis after approval by the Tuberculosis Officer, are treated when necessary at the Salford Royal Hospital. Two patients were admitted for in-patient treatment during 1926.

GENERAL REMARKS.

The powers contained in the Salford Corporation Act, 1920, and the Public Health Act, 1925, for the compulsory removal to hospital of persons suffering from pulmonary tuberculosis, have not been utilised up to the present time.

No action has been taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with tuberculous employees in the milk trade.

The X-Ray apparatus in use is now considered inadequate, especially having regard to the developments in X-Ray photography which have taken place of recent years. It is highly desirable, in the interests of the patients themselves, that an up-to-date X-Ray apparatus should be installed in the near future.

TABLE 1.

Summary of Work done at the Tuberculosis Dispensary in 1926.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children		Adults.		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year—												
(*a*) Definitely tuberculous	154	102	14	16	8	8	8	5	162	110	22	21
(*b*) Doubtfully tuberculous	—	—	—	—	—	—		—	106	106	11	19
(*c*) Non-tuberculous. .	—	—	—	—	—	—	—	—	37	39	12	12
B. Contacts examined during the year—												
(*a*) Definitely tuberculous	—	1	3	6	—			1	—	1	3	7
(*b*) Doubtfully tuberculous	—	—	—	—	—	—		—	24	39	16	36
(*c*) Non-tuberculous. .	—	—	—	—	—	—	—	—	89	141	82	96
C. Cases written off Dispensary Register as—												
(*a*) Cured	15	29	8	3	—	—	—	—	15	29	8	3
(*b*) Diagnosis not confirmed or non-tuberculous	—	—	—	—	—	—	—	—	217	298	151	149
D. Number of persons on Dispensary Register on December 31st—												
(*a*) Diagnosis completed	1331	1340	125	114	31	28	21	21	1362	1368	146	135
(*b*) Diagnosis not completed	—	—	—	—	—	—		—	115	134	49	56

1. No. of persons on Dispensary Register on January 1st....	3271	4. Died during the year (Dispensary cases)	215
2. No. of patients transferred from other areas and "lost sight of" cases returned....	12	5. No. of observation cases under A (*b*) and B (*b*) in which period of observation exceeded 2 months	231
3. No. of patients transferred to other areas and cases "lost sight of"	24		

TABLE 1—*continued.*

6. No. of attendances at Dispensary (including contacts)	7587
7. No. of attendances of non-pulmonary cases at Orthopædic Out-Stations for treatment or supervision	Nil.
8. No. of attendances at General Hospitals, or other Institutions approved for the purpose, of patients for— (*a*) "Light" treatment (*b*) Other special forms of treatment	 582 573
9. No. of patients to whom Dental Treatment was given at or in connection with the Dispensary	Nil.
10. No. of consultations with medical practitioners— (*a*) At homes of applicants (*b*) Otherwise	 95 376
11. No. of other visits by Tuberculosis Officers to homes	12
12. No. of visits by Nurses or Health Visitors to homes for Dispensary purposes	7886
13. No. of— (*a*) Specimens of sputum, &c., examined (*b*) X-Ray examinations made in connection with Dispensary work	 1406 965
14. No. of insured persons on Dispensary Register on December 31st	1499
15. No. of insured persons under Domiciliary treatment on December 31st	390
16. No. of reports received during the year in respect of insured persons— (*a*) Form G.P. 17 (*b*) Form G.P. 36	 95 44

TABLE 2.

SHOWING PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH IN FATAL CASES OF PHTHISIS.

	Number.	Percentage.
Not notified	65	20·25
Notified day of death or after	10	3·11
,, within three months of death	65	20·25
,, from three months to one year before death	73	22·74
,, from one year to two years before death	43	13·40
Over two years	65	20·25

Total number of deaths, 321.

Ratio of non-notified cases to total fatal cases, 65—321.

The notification of tuberculosis in the district has tended to improve during the year, but there is still much further room for improvement. In spite of the fact that in January, 1926, General Practitioners were circularised regarding the late notification of cases of pulmonary tuberculosis, there has been no improvement during the year.

For further information see paragraph iv.

TABLE 3.

NEW CASES AND MORTALITY DURING 1926.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	1	2	3	3	2	..	5	1
1	3	4	11	11	2	4	5	8
5	10	11	17	14	2	1	4	6
10	11	15	7	14	..	1	3	1
15	27	37	8	8	17	15	4	4
20	28	42	2	8	27	20	1	..
25	67	61	3	6	38	33	1	2
35	68	36	..	4	43	20	..	3
45	52	18	..	4	41	13	..	2
55	21	8	..	..	22	9	1	..
65 and upwards	7	3	..	..	9	2	..	..
Totals	295	237	51	72	203	118	24	27

TABLE 4.

Occupations of the 532 Cases of Pulmonary Tuberculosis Notified.

MALES.

1. Joiners, House Decorators and Building Trades ..	7
2. Carters, Hawkers, and Car Drivers	14
3. Labourers and Navvies	76
4. Railway Workers	6
5. Timekeepers	2
6. Firemen	5
7. Clerks & Warehousemen	24
8. Packers	2
9. Blacksmiths	1
10. Makers of Wearing Apparel	4
11. Colliers	1
12. Tramcar Conductors	1
13. Mechanics and Engineers	40
14. Children under 5	5
15. Scholars	20
16. Commercial Travellers ..	1
17. Draughtsmen	1
18. Printers and Bookbinders	4
19. Publicans	1
20. Shop Assistants	5
21. Employees in Cotton Mills	5
22. Painters...............	3
23. Timber Workers	2
24. No Occupation	9
25. Electricians............	1
26. Plumbers..............	2
27. Storekeepers	1
28. Vocalists	1
29. Motor Drivers	8
30. Greengrocers...........	2
31. Insurance Agents.......	2
32. Errand Boys...........	2
33. Porters	3
34. Bakers	1
35. Other Various Occupapations	33
Total	295

FEMALES.

1. Mill Workers	21
2. Warehouse Workers	3
3. Housewives............	73
4. Charwomen and laundresses	10
5. Makers of Wearing Apparel	34
6. Clerks and Typists	6
7. Printers and Bookbinders	2
8. Domestic Servants	11
9. Packers	4
10. Toffee Workers	1
11. Nurses	3
12. Shop Assistants	2
13. Waitresses	1
14. Teachers	1
15. Children under 5	5
16. Scholars	27
17. Barmaids	1
18. No Occupation	6
19. Other various Occupations	25
Total	236

1 Female could not be traced.

TABLE 5.

Inspector's Report on the Duration of the Disease in Cases Visited at the Time of Notification.

When Notified.	
Under six months	184
Over 6 months to 1 year	127
,, 1 year to 18 months	63
,, 18 months to 2 years	7
,, 2 years to 3 years	34
,, 3 years	79
No Time Stated	32
	526*

* One female could not be traced, and five notifications were marked "Not to be visited."

The School Medical Officers notified 4 new cases on Form "B" as suffering from Tuberculosis:—

1 Case Pulmonary Tuberculosis.
3 Cases Other Forms of Tuberculosis.

During the year 1926, 138 notifications of non-pulmonary tuberculosis have been received. 15 of these are re-notifications of cases already on the books, and 123 are new cases.

The new cases of non-pulmonary tuberculosis notified are classified in the following table:—

	Glands.	Bones.	Abdomen.	Skin.	Meninges.	Other forms.	Totals.
Under 10 years ...	18	14	8	2	10	7	59
10 to 20 years	7	10	8	8	2	2	37
20 ,, 30 ,, ...	4	8	..	2	..	..	14
30 ,, 40 ,, ...	2	5	..	..	..	..	7
Over 40 ,, ...	3	..	..	2	..	1	6
Totals	34	37	16	14	12	10	123

Nab Top Sanatorium—Annual Report.

RESIDENT STAFF.—Resident Medical Officer, Matron, Home Sister, two Ward Sisters, eleven Nurses, Cook, Laundress, seventeen Maids and Lodge Porter.

NON-RESIDENT STAFF.—Engineer, Porter and two Gardeners.

ACCOMMODATION.—There is accommodation for 120 patients (62 adult males, 42 adult females, 8 male children, and 8 female children).

TYPE OF CASE TREATED.—The Sanatorium is used for the treatment of early and intermediate cases of Phthisis.

A few advanced cases who show good resistance to the disease are also treated. A number of "observation" cases are admitted.

LINES OF TREATMENT.—The treatment adopted is chiefly Hygienic—open air, rest and graduated exercise.

On admission, patients, after a period of rest in bed, are put on walking exercise, the distance being gradually increased. Afterwards this is supplemented by light ward work. Those who show a satisfactory resistance are then placed on graduated work, beginning with light gardening work and rising to heavier work such as grass cutting and lawn rolling, wheelbarrow work and digging. Walking exercise is taken round two fields, the circumference of that reserved for women being one-quarter mile, and that for men one-third of a mile. The Hygienic treatment is supplemented, when necessary, by drug treatment. Suitable cases are treated by tuberculin.

FARM.—A poultry farm maintained on the premises supplies many of the eggs required for consumption. Most of the vegetables used in this Institution are also grown in the grounds of the Sanatorium.

RECREATION.—The dining hall is set apart for the use of patients every Saturday evening after supper, where whist and other card games are indulged in. A wireless set is in daily use, each bed being provided with a pair of ear phones. There is also a loud speaker in the dining hall. Concerts are arranged about once a month from October to April, given by outside talent, and on many occasions during the winter plays have been staged.

There is also a large bowling green and clock golf green for the men, and a bowling and croquet green for the women.

CANTEEN.—A canteen has been established in the grounds wherein are sold those articles likely to be used in everyday life.

EDUCATION.—The Resident Medical Officer at frequent intervals delivers lectures to the patients on such subjects as "Pulmonary Tuberculosis," "Rules of Health" and "The Care of the Mouth and Teeth." It is hoped that, on leaving, patients may carry out the instructions given in these lectures and thus minimise the spread of infection in their own homes.

A school, under the guidance of a competent teacher, has been established for patients under 16 years of age. This has been a boon to those children whose state of health has not permitted them to attend the ordinary school at home. No child is allowed to attend school unless certified physically fit by the Resident Medical Officer.

Appended is a table showing the number of admissions, etc., and the number of patient days during the year 1926.

TABLE A—(Nab Top Sanatorium.)

Showing the Number of Admissions, Etc., and the Number of "Patient-Days During the Year 1926.

	Total Adults.		Children under 16.			Totals.		
	Males.	Females	Males.	Females	Both.	Males.	Females	Both.
umber of Patients admitted in 1925 who remained in Sanatorium for some part of 1926	43	19	13	9	22	56	28	84
umber of "Patient days" in 1926 for patients admitted in 1925 and who remained in Sanatorium for some part of 1926....	4479	1771	1088	716	1804	5567	2487	8054
otal admissions 1926..	176	116	41	32	73	217	148	365
otal discharges 1926...	170	115	42	26	68	212	141	353
umber of "Patient-days" for persons admitted during 1926.	14446	9523	3934	2590	6524	18380	12113	30493
otal number of "patient-days" for 1926................	18925	11294	5022	3306	8328	23947	14600	38547
verage number of Patients in Sanatorium each day during 1926.	56·22	31·32	13·68	9·12	22·80	69·90	40·44	110·34

Note.—The term "Patient-days" represents the product of the number of patients and the number of days spent by these patients in the Sanatorium.

TABLE B.

Patients Discharged from Nab Top 1926.

	Disease Apparently Arrested.	Much Improved.	Improved.	Stationary.	Worse.	Death.	Total.
Adult Males....	27	31	50	38	19	5	170
Adult Females..	13	25	37	24	16	..	115
Male Children...	2	12	25	3	..	..	42
Female Children	5	7	9	4	1	..	26
Total	47	75	121	69	36	5	353

LADYWELL SANATORIUM.

TABLE SHOWING THE NUMBER OF ADMISSIONS, ETC., AND THE NUMBER OF "PATIENT DAYS" FOR 1926.

TUBERCULOSIS CASES.

	Males.	Females.	Totals.
Total Number of Admissions during 1926	109	102	211
Number of Persons Admitted in 1925 who remained in Hospital for some part of 1926	24	18	42
Total Number of Discharges and Deaths during 1926	115	112	227
Patients in Hospital on the 31st December, 1926	18	8	26
Number of "Patient Days" for Persons Admitted during 1926	6835	7885	14720
Number of "Patient Days" (in 1926) for Persons Admitted prior to 1926 who remained in Hospital for some part of 1926	2950	1260	4210
Total Number of "Patient Days" for 1926	9785	9145	18930
Average Number of Patients in Hospital each day during 1926	26·8	25·1	51·9

Ladywell Sanatorium—Annual Report.

During the year 1926, 1,866 cases were treated in the Ladywell Sanatorium, as compared with 1,575 in 1925 and with 1,896·6, the average of the numbers treated in the five years ended 31st December, 1925.

The cases treated were as follows :—

Scarlet Fever	743
Diphtheria	507
Enteric Fever	16
Measles	5
Erysipelas	68
Puerperal Fever	22
Tuberculosis (Advanced)	254
Other Diseases	201
Mixed Infections	50

The cases treated from Out-Districts were 274, as compared with 349 in 1925. The Out-Districts which the hospital serves are: Barton Rural District Council, Eccles Corporation, Stretford Urban District Council, Worsley Urban District Council, Urmston Urban District Council, Swinton and Pendlebury Urban District Council, Farnworth Urban District Council, Kearsley Urban District Council, and Manchester Port Sanitary Authority.

1,681 cases were admitted during the year, as compared with 1,402 in 1925 and with 1,713·6, the average of the numbers admitted in the five years ended 31st December, 1925.

The following summary shows the diagnosis of the cases before admission and after observation :—

	Number according to Diagnosis before Admission.		Number according to Diagnosis after Observation.
Scarlet Fever	749	..	693
Diphtheria	584	..	449
Enteric Fever	19	..	11
Measles	1	..	5
Erysipelas	74	..	64
Puerperal Fever	22	..	21
Cerebro-Spinal Fever	3	..	—
Encephalitis Lethargica	6	..	—
Chicken-Pox	2	..	—
Miscellaneous Diseases	9	..	182
Mixed Infections	—	..	44

In addition, 212 cases of Advanced Tuberculosis were admitted.

Details of the alterations in diagnosis will be found in Table V, page 144..

A Tabulation of the cases classified as "Other Diseases" will be found on page 138.

Mixed Infection.—Forty-four of the patients admitted were found to be suffering from two distinct diseases (infectious or otherwise), as follows :—

Scarlet Fever and Diphtheria	18
Scarlet Fever and Chicken-Pox	2
Scarlet Fever and Whooping Cough	2
Scarlet Fever and Mumps	2
Scarlet Fever and Psoriasis	3

Scarlet Fever and Impetigo	1
Scarlet Fever and Tuberculosis	1
Scarlet Fever and Chr. Osteomyelitis	1
Scarlet Fever and Pneumonia	1
Scarlet Fever and Thread Worms	1
Diphtheria and Measles	2
Diphtheria and Chicken Pox	3
Diphtheria and Whooping Cough	1
Diphtheria and Scabies	1
Diphtheria and Chr. Seborrhœa	1
Diphtheria and Broncho-Pneumonia, Marasmus Empyema	1

In addition to these, there were three patients who were incubating another disease, as follows:—

1 Tonsillitis incubating Chicken-Pox.
2 Diphtheria incubating Measles.

Deaths from Concurrent Affections. In this group, the concurrent affections directly or partially caused a fatal termination in two cases, as follows:—

Diphtheria and Measles	1
Nasal Diphtheria and Marasmus, Broncho Pneumonia and Empyema	1

The average stay in Hospital for all mixed infection cases discharged in 1926 was 57·79 days.

Cross Infection.—The above cases of mixed infection, those admitted whilst incubating another disease, and cases with a wrong diagnosis, in which the diagnosis could only be correctly ascertained after a time, gave a rise to secondary infections in the wards. Every effort was made to prevent cross infection by bed isolation, careful examination of new admissions, and the employment of the Dick and Schick tests, especially the former, and the immunisation of susceptibles. In spite, however, of these measures and the ample wall space (12 ft.) allowed for each bed, 34 patients developed a second infection in the wards, as follows :—

Sent in as	Developed.	Number infected in Hospital.
Scarlet Fever......	Scarlet Fever	2
Scarlet Fever......	Diphtheria	2
Scarlet Fever	Chicken Pox.......	9
Scarlet Fever......	Erysipelas.........	2
Scarlet Fever......	Mumps	3
Scarlet Fever......	Whooping Cough ..	2
Diphtheria........	Scarlet Fever	10
Diphtheria........	Chicken Pox.......	4
	Total	34

Twenty-five scarlet fever patients were discovered to be harbouring diphtheria bacilli in the throat or nose, the usual symptoms manifested being a discharge from the nose and soreness of the nostrils. Bacteriological examination proved the presence of diphtheria bacilli.

The average stay in hospital of the 60 cross infected cases discharged during 1926 was 72 days.

Eighteen cases who had been admitted to hospital during 1925 remained in hospital on the 1st January, 1926, and 13 cases admitted during 1926 remained in hospital at the end of the year. There was one death amongst these cases—a patient convalescent from Scarlet Fever who contracted Chicken Pox and very unexpectedly died in Convulsions. There was a history of several other deaths from convulsions in the same family.

DEATHS.—109 cases proved fatal, as follows, namely :—

Disease.	Number of Deaths.	Mortality Rate.
Scarlet Fever	2	0·30%
Enteric Fever	2	13·33%
Diphtheria	14	3·08%
Erysipelas	3	4·61%
Puerperal Fever	2	9·52%
Advanced Tuberculosis ..	72	31·57%
Encephalitis Lethargica ..	3	
Cerebro-Spinal Fever	1	
Tuberculous Meningitis	1	
Pulmonary Tuberculosis . (Admitted as Diphtheria)	1	
Broncho-Pneumonia	2	
Abscess Cellulitis	1	
Carbuncle	1	
Malignant Endocarditis ..	1	
Mixed Infections	2	
Cross Infection	1 as stated above.	

All case mortality rates are worked out on the number treated less the number remaining on December 31st, 1926.

The average stay in hospital for all fatal cases, excepting Advanced Tuberculosis, was 9·6 days. Nine patients died within 36 hours of admission to hospital. One patient died from Laryngeal Diphtheria in the ambulance when on the way to hospital. This case is not included in the returns.

The number of cases discharged was 1,578, as follows, namely :—

Disease.	Number.
Scarlet Fever	663
Diphtheria	440
Enteric Fever	13
Measles	5
Erysipelas	62
Puerperal Fever	18
Mixed Infections	38
Tuberculosis	156
Other Diseases	183

The average stay in hospital for all cases discharged during 1926 was 47·7 days; for Scarlet Fever 35·38 days; for Enteric Fever, 75·15 days; for Diphtheria, 57·72 days; for Erysipelas, 31·51 days; for Puerperal Fever, 27·57 days; for Other Diseases, 25 days; for Tuberculosis, 82·92 days.

The daily average number of patients in hospital in 1926 was 217·5, as compared with 170·8 in 1925, and with 173·6, the daily average of the numbers in the five years ended 31st December, 1925.

There were remaining in hospital on December 31st, 1926, 179 cases, as compared with 185 on the same date in 1925. The cases remaining were 77 of Scarlet Fever, 1 of Enteric Fever, 53 of Diphtheria, 3 of Erysipelas, 2 of Puerperal Fever, 26 of Tuberculosis, 7 of Other Diseases.

and 10 of Mixed Infections. Twenty-one of the cases remaining were from Out-Districts, as compared with 42 on the corresponding date in 1925.

HEALTH OF STAFF.—During the year the following cases of infectious disease occurred amongst the staff:—

5 Probationer Nurses contracted Scarlet Fever.
1 Probationer Nurse contracted Diphtheria.
1 Probationer Nurse contracted Diphtheria and Scarlet Fever.
1 Maid contracted Diphtheria.

All made complete recoveries.

All the staff, on being engaged, continued to be subjected to the Schick test and immunised if found to be susceptible to diphtheria. Two of the staff who contracted Diphtheria did so between the date of engagement and the date of being Schick tested; the third was Schick tested, the reaction being indefinite. In the meantime, the firm supplying the test toxin wrote to say that the toxin was found to be unstable, and before the Nurse was tested again she contracted Diphtheria in a mild form. The utmost care was exercised in order to avoid exposing the staff who had not been tested to the risk of infection with Diphtheria.

Detailed particulars are given below regarding some of the principal diseases.

SCARLET FEVER.—Out of 749 cases notified as Scarlet Fever and 19 notified as Diphtheria, 674 cases proved to have Scarlet Fever. Three deaths occurred from this disease during 1926—two were due to Malignant Scarlet Fever; the third, when convalescent from a mild attack in the 6th week, contracted Chicken-Pox and died unexpectedly from Convulsions. The mortality rate from this disease is 0·3%. The following table shows the case mortality from Scarlet Fever for the last ten years :—

1917	2·4%
1918	5·3%
1919	3·2%
1920	1·3%
1921	1·5%
1922	2·6%
1923	1·8%
1924	1·3%
1925	0·9%
1926	0·3%

I attribute the reduced mortality in the last two years to the use of Scarlatinal antitoxin. This antitoxin was used in comparatively few cases in 1925 and extensively in 1926 on all except very mild cases. It is of interest to compare the group of cases treated with Scarlatinal antitoxin with the group not so treated. 269 cases treated with Scarlatinal antitoxin were discharged during 1926, their average stay in hospital being 34·04 days. The number of complications was 129, or 47·9% of the number treated. The number of uncomplicated cases was 167, or 62% of the total. In the other group which received no antitoxin there were 330 cases, the average stay in hospital being 36·66 days. The number of complications was 159, or 48·2% of the total, and there were 208 cases, or 63%, with no complications at all. When one bears in mind that the group treated with antitoxin contained all the severer cases and the group not so treated contained only the mild cases, the very effective results of the antitoxin treatment will be realised, for although the cases in the group treated with antitoxin were more seriously ill than those in the other group, they actually stayed in hospital 2·62 days less than the others, and had practically the same incidence rate of complications. The complications were as follows :—

Disease.	Number.	Percentage of Discharged Cases, 1926.	Percentage of Discharged Cases, 1925.
Rhinorrhœa	72	10·9	2·78
Otorrhœa.	58	8·7	9·41
Albuminuria	10	1·5	2·78
Nephritis	7	1·1	—
Adenitis and Abscess	132	19·8	28·22
Arthritis	10	1·57	2·26

The average stay in hospital for all cases of Scarlet Fever, excluding those that contracted a second infection in the hospital, was 35·38 days.

Return Rate.—(This is for Salford cases only, as the number of cases from Out-Districts is difficult to obtain.)

The number of infecting cases was 18. The number of Salford cases discharged in 1926 who had Scarlet Fever in hospital was 551 ; this gives a 3·26% incidence.

Diphtheria.—Out of 584 cases notified as having Diphtheria, 443 proved to have this disease. Five cases notified as Scarlet Fever and one as another disease were also found to have Diphtheria. The total number of cases of Diphtheria during 1926 was, therefore, 449. Of these, 368 were faucial, or pharyngeal Diphtheria; 11 cases were bacteriological (not clinical) Diphtheria; 33 cases were laryngeal Diphtheria; and in 37 cases the nasal passages only were involved (most of these were from the School Clinic).

Thirteen tracheotomy operations were performed, resulting in 2 deaths (or 15·4%). One of the fatal cases died of cardiac failure some time after the operation, this being caused by an extensive severe involvement of the fauces by Diphtheria.

Fourteen deaths occurred altogether from Diphtheria, this giving a case mortality of 3·1%, the lowest on record in the returns from the Ladywell Sanatorium. The mortality for the last ten years was as follows:—

1917	7·19%
1918	14·2%
1919	9·1%
1920	11·8%
1921	9·7%
1922	12·3%
1923	12·6%
1924	8·6%
1925	7·9%
1926	3·1%

The intravenous injection of diphtheria antitoxin was again practised on the most severe types of cases with encouraging results. Up to the end of 1926 there have been 37 patients (including some in 1925) on whom this method was practised; of these 9, or 24·3% died. As these cases were selected because of their severity, this is a satisfactory result.

The complications were as follows:—

Disease.	Number.	Percentage.
Otorrhœa	14	3·1
All forms of Paralysis	22	4·9
Palatal Paralysis	11	2·4
Circulatory Paralysis	9	2·0
Other Paralysis	2	0·4
Serum Rash	17	3·8
Adenitis	12	2·7
Nephritis	1	0·2

The number of units of antitoxin used in cases which recovered was 13,700; in cases which died 33,200.

Enteric Fever.—There were 16 cases under treatment, with 2 deaths.

The complications were as follows:—

Hœmorrage and perforation	1
Otorrhœa	2
Relapse	2

Cerebro-Spinal Fever. Three cases were admitted suffering from this disease, one of which proved fatal. Two were discharged cured. This very satisfactory result was brought about by repeated lumbar punctures and intrathecal administration of serum.

Hospital Laboratory.—In the Hospital Laboratory, no fewer than 6,048 examinations were made during

1926. The great majority of these comprised cultures from throat and nose; but examinations of sputum for tubercle bacilli, of cerebro-spinal fluid from cases of Meningitis and Encephalitis Lethargica, of urine, and pus were also made.

Appended are the usual statistical tables.

Appended are the usual Statistical Tables.

TABULATION OF CASES WHICH HAVE BEEN CLASSIFIED AS " OTHER DISEASES."

Acute Poliomyelitis	1	Mumps	1
Broncho Pneumonia	2	Nil	4
Bronchitis	1	Neurasthenia	1
Cerebro Spinal Meningitis	3	Paresis	1
Carbuncle	2	Peri Tonsillar Abscess	3
Chicken Pox	2	Pediculosis	1
Dermatitis	1	Pneumonia	1
Diverticulitis	1	Pulmonary T.B.	2
Eczema	3	Rubella	16
Erythema	13	Retro Pharyngeal Abscess	1
Encephalitis Lethargica	2	Septic Foot	1
Gastritis	4	Sinusitis	1
Gum Boil	1	Serum Rash	1
Gastro Enteritis	1	Skin Eruption	1
Impulsive Tic	1	Tonsillitis	93
Influenza	5	Ulcer Nose	1
Laryngitis	6	Vincent's Angina	1
Leukaemia	1		
Ludwigs Angina	1		182
Mammary Abscess	1		

TABLE I.

STATEMENT OF THE NUMBER OF PATIENTS UNDER TREATMENT IN LADYWELL SANATORIUM IN 1926.

	Males.		Females.		
	Under 5 years	Over 5 years	Under 5 years	Over 5 years	Totals
I.—PATIENTS REMAINING IN HOSPITAL ON DECEMBER 31st, 1925, AFFECTED WITH—					
Scarlet Fever (incl. 5 mixed inf.) ..	7	16	10	22	55
Measles	..	..	..	..	..
Enteric Fever	..	3	..	2	5
Diphtheria (incl. 1 mixed inf.) ...	7	19	15	18	59
Erysipelas	..	2	..	2	4
Puerperal Fever	..	..	..	1	1
Tuberculosis (Advanced)	..	24	..	18	42
Other Diseases	2	7	5	5	19
Total	16	71	30	68	185
II.—ADMITTED DURING THE YEAR ENDED DECEMBER 31st, 1926, AFFECTED WITH—					
Scarlet Fever (incl. 23 mixed inf..)..	88	235	90	303	716
Measles	4	..	1	..	5
Enteric Fever	..	7	..	4	11
Diphtheria (incl. 20 mixed inf.) ..	59	151	55	204	469
Erysipelas	3	19	2	40	64
Puerperal Fever	..	..	..	21	21
Tuberculosis (Advanced)	..	110	..	102	212
Other Diseases (incl. 1 mixed inf.)..	22	53	26	82	183
Total	176	575	174	756	1681
Total under treatment in 1926	192	646	204	824	1866
III.—OF THE ABOVE THERE WERE DISCHARGED RECOVERED FROM—					
Scarlet Fever (incl. 21 mixed inf.)..	83	222	87	292	684
Measles	4	..	1	..	5
Enteric Fever	..	7	..	6	13
Diphtheria (incl. 17 mixed inf.) ..	58	141	62	196	457
Erysipelas	3	19	2	38	62
Puerperal Fever	..	..	..	18	18
Tuberculosis (Advanced)	..	74	..	82	156
Other Diseases	17	59	30	77	183
Total	165	522	182	709	1578

TABLE I.—*Continued.*

STATEMENT OF NUMBER OF PATIENTS.—*Continued.*

	Males.		Females.		Totals
	Under 5 years	Over 5 years	Under 5 years	Over 5 years	
IV.—DIED FROM—					
Scarlet Fever	1	..	1	1	3
Measles	..	..	..	..	..
Enteric Fever	..	2	..	..	2
Diphtheria (incl. 2 mixed inf.)	5	2	2	7	16
Erysipelas	..	1	..	2	3
Puerperal Fever	..	..	..	2	2
Tuberculosis (Advanced)	..	42	..	30	72
Other Diseases	3	1	1	6	11
Total	9	48	4	48	109
V.—REMAINING IN HOSPITAL ON DECEMBER 31st, 1926, AFFECTED WITH—					
Scarlet Fever (incl. 7 mixed inf.)	11	29	12	32	84
Measles	..	..	..	..	..
Enteric Fever	..	1	..	..	1
Diphtheria (incl. 2 mixed inf.)	3	27	6	19	55
Erysipelas	..	1	..	2	3
Puerperal Fever	..	..	..	2	2
Tuberculosis (Advanced)	..	18	..	8	26
Other Diseases (incl. 1 mixed inf.)	4	..	..	4	8
Total	18	76	18	67	179
Total under treatment in 1926	192	646	204	824	1866

TABLE II.

MONTHLY STATEMENT OF PATIENTS FOR THE YEAR ENDED DECEMBER 31st, 1926; TOGETHER WITH A COMPARISON WITH THE YEAR 1925, AND WITH THE MEAN OF THE FIVE (5) AND FORTY-THREE (43) YEARS ENDED DECEMBER 31st, 1925.

Month.	Admissions, 1926.	Admissions, 1925.	Mean of Admissions, 5 years, 1921-25.	Mean of Admissions, 43 years, 1883-1925.	Daily Average No. of Patients in Hospital, 1926.	Daily Average No. of Patients in Hospital, 1925.	Mean of Daily Average No. of Patients in Hospital, 5 yrs., 1921-25.	Mean of Daily Average No. of Patients in Hospital, 43 yrs., 1883-1925.
January	122	130	170·4	110·8	187·0	177·9	187·8	139·3
February	125	88	145·2	127·7	211·7	177·9	190·0	130·2
March	129	117	149·6	128·1	228·2	176·5	188·0	150·4
April	118	89	114·6	110·7	221·8	166·8	170·4	112·9
May	113	111	127·8	116·3	191·2	154·9	152·7	112·5
June	137	95	103·4	108·1	189·5	148·4	135·0	100.7
July	132	127	133·2	123·0	205·5	151·9	138·6	114·8
August	117	97	118·8	113·2	200·7	141·6	134·2	118·9
September	209	116	141·0	150·2	228·9	147·1	154·1	133·8
October	197	186	185·6	191·1	266·6	202·2	194·1	154·3
November.....	177	140	175·6	185·9	257·1	222·7	206·2	155·
December	105	106	144·4	168·6	222·5	182·5	192·8	155·8
Totals	1681	1402	..	..	..	..	..	..
M'thly Av'ges.	140 1	116·8	142·4	136·1	217·5	170·8	173·6	131·5

TABLE III.

SHOWING THE NUMBER OF ADMISSIONS OF THE PRINCIPAL INFECTIOUS DISEASES FOR THE YEAR ENDED DECEMBER 31ST, 1926; ALSO A COMPARISON WITH THE YEAR 1925, AND WITH THE MEAN OF THE FIVE YEARS AND FORTY-THREE YEARS ENDED DECEMBER 31ST, 1925.

Month.	Scarlet Fever.	Measles.	Enteric Fever.	Typhus Fever.	Diphtheria.	Erysipelas.	Puerperal Fever.	Small-pox.	Advanced Tuberculosis.	Other Diseases.	Totals.
January	35	..	..	..	42	9	1	..	12	23	122
February	41	..	..	..	48	7	..	..	18	11	125
March	42	..	..	..	48	4	2	..	14	19	129
April	51	..	1	..	27	6	..	..	19	14	118
May	41	3	7	..	32	..	..	..	20	10	113
June	49	1	..	..	42	7	3	..	21	14	137
July	57	1	..	..	29	5	3	..	22	15	132
August	57	..	..	..	24	6	2	..	14	14	117
September ..	92	..	..	..	60	5	4	..	23	25	209
October	101	..	3	..	50	3	2	..	21	17	197
November ...	87	..	..	..	46	7	1	..	24	12	177
December....	63	..	..	..	21	5	3	..	4	9	105
Totals	716	5	11	..	469	64	21	..	212	183	1681
Totals 1925 ..	558	7	20	..	325	48	13	..	203	228	1402
Increase 1926	158	..	..	..	144	16	8	..	9	..	279
Decrease 1926	..	1	9	..	..	..	..	..	..	46	56
Mean of 5 years 1921 to 1925	1004·0	7·4	23·0	..	236·4	43·6	15·4	..	186·4	197·4	1713·6
Mean of 43 years— 1883 to 1925	806·3	12·1	129·5	..	176·7	26·0	9·4	13·7	25·9	104·4	1312·1

TABLE IV.

ANNUAL STATEMENT.

Disease.	No. of Cases Remaining on Dec. 31st, 1925.	No. of Cases Treated.	No. of Cases Admitted.	No. of Cases Discharged.	No. of Deaths.	No. of Cases Remaining on Dec. 31st, 1926.
Scarlet Fever. .	50	743	693	663	3	77
Measles	. .	5	5	5	. .	. .
Enteric Fever. .	5	16	11	13	2	1
Mixed Infections	6	50	44	38	2	10
Diphtheria	58	507	449	440	14	53
Erysipelas.	4	68	64	62	3	3
Puerperal Fever	1	22	21	18	2	2
Adv. T. B.s. . . .	42	254	212	156	72	26
Other Diseases.	19	201	182	183	11	7
Total	185	*1866	†1681	1578	109	‡179
Corresponding figures 1925.		1575	1402	1276	114	185
Average five years		1896·6	1713·6	1584·8	124·2	187·6

	From "Out-Districts."	From "Out-Districts."	From "Out-Districts."
1926.	*274	†232	‡21
1925.	*349	†320	‡42

TABLE V.—Diseases Admitted.

Cases Sent In As	HOSPITAL DIAGNOSIS.																																												
	Number.	Scarlet Fever.	Mixed Infections.	Measles.	Enteric Fever.	Diphtheria.	Erysipelas.	Puerperal Fever.	Rubella.	Influenza.	Pneumonia.	Broncho-Pneumonia.	Tonsillitis.	Erythema.	Laryngitis.	Gastritis.	Pulmonary T.B.	Bronchitis.	Vincents Angina.	Ludwigs. Angina.	Mumps.	Serum Rash.	Chicken-Pox.	Peri-Tonsillar Abscess.	Retro-Pharyngeal Abscess	Encephalitis Lethargica.	Neurasthenia.	Gastro Enteritis.	Dermatitis.	Ulcer.	Septic Foot.	Sinusitis.	Carbuncle.	Mammary Abscess.	Pediculosis.	Gum Boil.	Leukaemia.	Paresis.	Impulsive Tic.	Acute Polyomyelitis.	Cerebro-Spinal Meningitis.	Eczema.	Nil. Observation.	Diverticulitis.	Skin Eruptions.
Scarlet Fever	749	674	23	2	..	5	..	..	15	1	..	..	13	13	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	19	..	..	..	11	..	1	..	..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Diphtheria	584	19	20	2	..	443	1	..	1	..	1	2	79	..	5	1	1	1	1	1	1	1	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	74	..	..	..	..	..	62	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2	1	1	1	..	..	..	..	..	3	..	..	..
Puerperal Fever	22	..	..	..	..	..	..	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..
Encephalitis Lethargica	6	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..
Miscellaneous Diseases	7	..	..	..	..	..	..	..	..	1	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1
Chicken-Pox	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Observation Cases	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..

SECTION IV.

The Inception, Growth and Development of the School Medical Service in Salford.

Staff.

Medical Officer to the Education Committee (Also Medical Officer of Health)	H. Osborne, M.D., M.R.C.S., D.P.H., etc.
Assistant Medical Officers	H. Heathcote, M.D., D.P.H. G. Heathcote, M.B., Ch.B. P. D. Connolly, M.B., B.Ch., B.A.O., D.P.H. E. R. A. Merewether, M.D., B.S., Barrister-at-Law.
School Ophthalmic Officer	H. G. Parker, F.R.C.S., etc.
School Dentists	H. Mallinson, L.D.S., F.P.S. A. E. Sherratt, L.D.S., R.C.S. A. V. Littlewood, L.D.S.

SCHOOL NURSES.

Miss L. Hopson (Superintendent).

Miss G. Williams.
,, R. Lee.
,, C. Weir.
Mrs. A. G. Willmott.
Miss M. Moore.
,, A. Hairs.

Miss A. Rowland.
,, J. Barton.
,, H. Elliott.
,, W. M. Mellor.
,, L. Taggart.
,, E. Clements.

Miss E. F. Littlewood.

CLERICAL STAFF.

Mr. J. A. Darbyshire (Senior).

Miss D. M. Barnes.
,, D. Arnold.
,, E. Frieser.
,, E. Barlow.

Miss M. Dutton.
,, D. Leech.
,, V. D. Hepburn.
,, M. Grundy.

Miss P. Hodge.

Inception, Growth and Development of the School Medical Service in Salford.

Consequent upon the Report and Recommendations issued in January, 1898, by the Departmental Committee appointed to enquire into the education of defective and epileptic children, the Salford School Board appointed a sub-committee to consider the matter so far as it affected Salford, and to collect information from the Schools, bearing on the subject. As a result of the enquiry 131 children were reported by the Head Teachers to be defective.

It was found necessary to have the assistance of a medical man in connection with the examination of these defective children, and this necessity led the School Board, in September, 1898, to appoint Dr. J. Howson Ray, F.R.C.S., as their first Medical Officer in connection with the Elementary Education Service. The appointment was part time and was not to include work at the Day Industrial School, for which a doctor had already been appointed.

The following statement of duties to be performed by Dr. Howson Ray was adopted :—

(1) To examine blind and deaf children to decide whether they are suitable cases to be dealt with under the Blind and Deaf Children Act, and to give the necessary certificates.

(2) To visit each Department of the School Board once a year, and report in writing as to the sanitary

conditions of the premises, and to attend, when requested, any meetings of the Board.

(3) To examine any children reported to be defective or feeble-minded, and to decide whether they shall be instructed at a special centre.

(4) To advise as to the course of study of the children in attendance at the centres for defective children.

(5) To examine, if required, any plans for new buildings, or alterations to existing buildings, and to report as to their sanitary arrangements, ventilation, lighting, etc.

(6) To examine all candidates selected for appointment under the School Board, or employees, when required by the Board, and to make out certificates.

(7) To examine candidates for Pupil-Teachership, and Pupil Teachers at the end of the second year, and to make out the certificates required in each case by the Education Department.

(8) To visit, when required by the Board, any employee who is absent from duty on account of illness, and to report in writing.

(9) To examine, when required by the Board, any child who is stated to be physically unfit to attend school, and to make out a certificate.

(10) To give the Board the benefit of his advice on special occasions, when required.

The children reported by Head Teachers to be defective were examined by Dr. Howson Ray, and as a result it was deemed desirable to commence special classes for this group of children, and for this purpose rooms were rented at the Irwell Street Wesleyan School.

The Salford School Board had for some time been considering the question of the physical condition generally of the children in the Elementary Schools, and in this connection it was decided to take anthropometric measurements and weights. The measurements were begun in March, 1903, by Dr. Howson Ray (assisted by the Clerk to the School Board), and the tests were restricted at first to boys of 8, 10 and 13 years of age in certain schools; but later the tests were recorded in all the schools for children in the age groups 8, 10, and 13.

Dr. Howson Ray found it necessary, in March, 1903, to resign his appointment as Medical Officer to the Board, but in view of the "Appointed Day" for the operation of the Education Act, 1902, having been fixed as the 1st July, 1903, he agreed to the Board's suggestion to continue in office until that date.

In view of their experience of the usefulness of their first Medical Officer, the School Board placed on record their conviction of the necessity for such an Officer, and they strongly recommended the new Education Committee to appoint a successor to Dr. Howson Ray.

The recommendation was duly considered by the Education Committee, when it was felt that the work of School Medical Inspection should be under the direct supervision of the Medical Officer of Health. This

Officer was, therefore, appointed School Medical Officer in October, 1903, and his salary as Medical Officer of Health was increased by £100 per annum, the increase being borne by the Education Committee. At the same time it was recommended that the services of an Assistant School Medical Officer should be obtained, and Dr. J. J. Butterworth, M.B., D.P.H., was appointed to this post on the 1st February, 1904.

The services of a Nurse also were engaged from the 1st January, 1907, to assist the Medical Officer during the inspection of school children.

Under Section 13 of the Education (Administrative Provisions) Act, 1907, which became operative on the 1st January, 1908, the duties of a Local Education Authority under the Education Act, 1902, were extended to include the duty of providing for the medical inspection of children on their admission to a Public Elementary School, and also the power to make arrangements for attending to the health and physical condition of the children attending such schools.

The Board of Education issued a Memorandum on the requirements of the Section, and pointed out that it was established that school hygiene was an integral factor in the health of the nation. For this reason it was laid down officially that school medical inspection should be carried out in intimate conjunction with the Public Health Authority and under the direct supervision of the Medical Officer of Health.

Specific directions were given to the Local Authorities for the carrying out of this extensive development of medical inspection, and the Board stated that the effectiveness of an Authority's provision for this Service would, " in future, be one of the elements to be considered in determining the efficiency of each school as a grant-aided school."

It was laid down by the Board of Education that medical inspection should include both children entering school and also children about to leave school (*i.e.*, " Entrants " and " Leavers ") and that the inspections be routine, so as to include the apparently healthy as well as the ailing children.

The Board of Education, however, gave no indication that any increased Exchequer Grant would be available to enable Local Authorities to meet the cost of the developments.

Dr. Butterworth resigned in June, 1908, and in order to fill the vacancy thus created and to provide for the necessary development of the School Medical Service, Dr. H. Osborne, M.D., M.R.C.S., D.P.H., was appointed Assistant School Medical Officer on the 1st September, 1908, and Dr. H. H. McNabb, M.D., was appointed Ophthalmic Surgeon for two half-days per week from the same date. An additional Nurse (making two) was also appointed from the 17th August, 1908, so that the staff at this time consisted of the Medical Officer of Health (who was also Medical Officer to the Committee), an Assistant School Medical Officer, an Ophthalmic Surgeon, and two Nurses.

For headquarters and school clinic a room was allotted in the basement of the Education Office.

It soon became apparent that such a modest staff was utterly inadequate to cope with the really serious amount of neglected sickness and defect which even a cursory school medical inspection revealed.

The school doctor was soon being inundated with requests from various sources for medical examination of children believed to have defects which prevented them benefitting by instruction in school.

For instance, numbers of cases were being referred daily by the school nurses. Again, the teachers, who were taking an increasing interest in the physical condition of the scholars, were referring other cases. There were also requests from parents for examination of their children by the school doctor. In addition, the attendance officers had big lists of absentees on medical grounds, with regard to whom they desired the opinion as to fitness or otherwise for school.

The whole of the doctor's time could have been taken up reviewing these cases. And yet there remained the new statutory duty of providing for the yearly inspection of all entrants and leavers in the elementary schools—practically 8,000 children in all, there being roughly 4,000 in each age group.

In September, 1909, it was decided to deal with cases of Ringworm by means of X-Rays, and arrangements were made for Messrs. Mottershead & Co., a Manchester firm of Chemists, to provide the treatment at a reasonable cost, subject to the Committee providing the necessary accommodation and electricity. Treatment was given in a room set aside for the purpose at the Education Offices.

During 1910, the Board of Education addressed communications to the Committee, in which they expressed their view that the services of an additional whole-time or part-time Medical Officer were now necessary to meet the requirements of the Area. The Committee, however, felt they could not incur any further expenditure on this Service unless and until some increased educational grant were provided by the Government.

There was, therefore, no change in the staff of the School Medical Department during 1910 and 1911, but early in 1912 an arrangement was made with the Health Committee (who required a part-time Officer in connection with the treatment of Tuberculosis) to appoint a joint Officer, part of whose time should be devoted to the treatment of Tuberculosis and the remainder (but not less than one-half) to the medical inspection of school children. Dr. C. C. Fitzgerald was appointed to this dual position as from the 1st April, 1912, and an additional Nurse was also appointed to assist him as from the 25th March, 1912.

In September, 1912, the Committee decided to purchase a complete X-Ray Apparatus, in order that the treatment of Ringworm by this method might be under the direct control of the Committee's own medical staff, and new apparatus at a cost of £150 was accordingly purchased. It was found, however, that it would not be convenient to install the apparatus at the Education Office as hitherto, and arrangements were made for it to be fitted up at the Health Offices in Regent Road. The Health Committee were paid a rental of £25 per annum for the accommodation provided.

In February, 1913, the Health Committee intimated that it was felt they would soon require the full-time services of Dr. Fitzgerald, the Assistant Medical Officer, whose work was at present divided between School Medical Inspection and Tuberculosis treatment, and at the same time Dr. H. H. McNabb, the Specialist appointed to examine children's sight, tendered his resignation owing to the growth of his private practice. A School Nurse also resigned in February, 1913, and her place was filled by another lady appointed on the 1st April, 1913.

In considering the question of Dr. McNabb's resignation and the proposed transfer of Dr. Fitzgerald to full-time Public Health work, the Education Committee thought it would be desirable to have a full-time Assistant Medical Officer with special qualifications for dealing with defective vision, and Dr. E. Wardman Wilbourne, L.R.C.P., M.R.C.S., was appointed to the post as from the 20th May, 1913.

On the 18th August, 1913, the Board of Education issued new Regulations, under which it was decided, for the first time, to make a grant towards the expenditure of Local Education Authorities on the School Medical Service, and the grant was to be payable for the financial year ended 31st March, 1914. In cases where the Board were satisfied that the provision made was adequate it was decided that the grant should equal 50% of the expenditure on this Service.

Instead of the two routine groups of children hitherto inspected, viz., " entrants " and " leavers," the Board of Education gave notice that for the year beginning 1st April, 1915, and for subsequent years, provision should be made by Local Education Authorities for the inspection of all children between 8 and 9 years of age, as well as for " entrants " and " leavers."

At this time the Committee's Medical Staff consisted of the Medical Officer of Health (who was also the School Medical Officer), two full-time Assistant Medical Officers and three full-time School Nurses.

In view of this new arrangement and of the view of the Board of Education that the Authority's Medical Service should be extended, it was decided to appoint an additional Nurse forthwith, and one was accordingly appointed from the 1st January, 1914.

The total number of children included in the three code groups (1) entrants, (2) intermediates, and (3) leavers to be examined each year was approximately 12,000.

Each child included in these groups had to undergo a pretty complete medical examination, involving the filling up, in each case, of a schedule giving previous medical history, height, weight, condition of heart, lungs, sight, hearing, teeth, and other organs of the body.

This routine medical inspection established very clearly the fact that amongst elementary school children there was a vast amount of untreated disease and defect, often of such character and degree as greatly to interfere with the educational progress of the children.

For instance, large numbers of children were found to be suffering from adenoid growths, causing deafness and stupidity. Because of the untreated defect they were unable to hear their teacher, were classed as dull and backward, and often received punishment through no fault of their own.

Again, another large group of children had vision so defective that they were unable to read the ordinary school books, or even see the blackboard, except from the front row of the class. In many of these cases the vision could have been absolutely corrected and all eye strain removed by appropriate glasses.

Ringworm of the scalp was found to be rife, owing to the fact that after a few weeks of futile treatment cases were sent back to school as "cured" when they were really seething with infection.

Pediculosis in some of the poorer schools was universal, practically every child being affected to a greater or lesser degree. The worst cases were accompanied by suppurating sores in the head and swollen and inflamed glands in the neck, the child obviously suffering from the effects of septic poisoning set up by the bites of the parasites.

Other noteworthy untreated defects found in large numbers of children attending elementary schools, in the early days of medical inspection, were marked ricketty deformities, extremely foul discharging ears, unsuspected heart disease, chronic sore eyes endangering vision, contagious septic skin diseases, and discharging abscesses.

These are some, but by no means all, of the many serious conditions for which treatment was urgently needed.

It was, therefore, abundantly clear that treatment of these extremely unsatisfactory conditions must follow as a necessary corollary to medical inspection.

Now the same legislation which made it the duty of the Local Authority to provide for the medical inspection of elementary school children, also conferred the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children.

That meant that Local Authorities could submit for the Board of Education's approval, schemes for treatment of defects discovered. It was rightly pointed out that existing agencies for treatment should be utilised as far as possible. Thus, for ordinary medical ailments the child could be referred to the private doctor, and for special conditions to various hospitals. It was realised that for some conditions no adequate treatment provision was in existence. For instance, neither private doctors nor existing hospitals could cope with the vast amount of visual defect for which spectacles were required. Scalp ringworm could not be properly dealt with because of its exceeding prevalence and the prolonged period of treatment (two years or more to effect a cure) required by ordinary drug methods. The vast number of septic skin conditions, such as Impetigo, could not be properly dealt with because the hospitals and dispensaries and out-patients' departments were already crowded with the more urgent cases. And the same could be said with regard to the minor ailments, such as chronic running ears, sore eyes, and nasal catarrh.

Hence the obvious necessity for special *ad hoc* clinics to deal with defects which could not otherwise be adequately treated.

The first such clinic to be established in Salford was the Eye Clinic at the Education Office. As already mentioned, a certain amount of eye testing and prescribing of spectacles had been carried out here for some years prior to 1908, but in the latter year an eye specialist was appointed to devote two afternoons per week to this work alone.

Then some 4½ years later an X-Ray clinic for the treatment of scalp ringworm and a Minor Ailments' clinic for the treatment of such conditions as sore eyes, running ears, and septic skin conditions, were established at Regent Road.

The X-Ray clinic for ringworm was one of the first to be set up in this part of the country and at once proved its value.

Instead of children remaining out of school for a year or two owing to persisting ringworm infection, they were now able, after exposure to X-Rays, to return in a month with the disease cured. As a result, the prevalence of this disease was rapidly reduced, and instead of there being an average of over 500 children out of school with this complaint at any time, there were soon less than 100.

Meanwhile, an increasingly active campaign was being waged against the prevailing pediculosis by the school nurses and doctors. Part of the campaign consisted in surprise visits of the nurses to schools, when the whole of the children would be submitted to a rapid cleanliness survey. Bad cases of louse infection would be at once excluded from school and the milder cases noted for further examination, parents being advised as to the necessary cleansing measures in all cases.

Needless to say, this branch of the work aroused a good deal of hostility from some of the parents, and the nurses had to submit to a considerable amount of abuse at times. They were often invited by irate mothers to examine their own heads, where they would no doubt find much finer specimens, etc., etc.

Fortunately, the hands of the officials were strengthened by the provisions of Section 122 of the Children's Act, 1908, which laid down that :

> "(1) A Local Authority may direct their medical
> "officer, or any person provided with his authority,
> "to examine in any Public Elementary School the
> "person and clothing of any child attending the
> "school, and if the medical officer or other such person
> "is of opinion that the person or clothing of any such
> "child is infested with vermin or is in a foul or filthy
> "condition, the Local Education Authority may give
> "notice in writing to the parent or guardian of the
> "child, requiring him to cleanse properly the person
> "and clothing of the child within 24 hours after the
> "receipt of the notice.

"(2) If the person to whom any such notice is given "fails to comply therewith within such 24 hours, the "medical officer, or other person provided with his "authority, may remove the child referred to from "school, and may cause the person and clothing of the "child to be properly cleansed in suitable premises, "and with suitable appliances, and may, if necessary "for that purpose, without any other warrant, convey "to such premises and there detain the child until "the cleansing is effected.

"(3) Where, after the person or clothing of a child "has been cleansed by a Local Education Authority "under this section, the parent or guardian of a child "allows him to get into such a condition that it is "again necessary to proceed under this section, the "parent or guardian shall, on summary conviction, "be liable to a fine not exceeding ten shillings."

Thus was power given to bring about the cleansing of the verminous child, including cutting the affected hair, in the face of all opposition.

The carrying out of the provisions of this section necessarily involved the nurses in some stormy and unpleasant scenes, especially in the early days, but, as far as the school doctor is aware, they escaped personal violence. There has never been any hesitation in exercising where necessary these powers, which have proved invaluable in bringing about a vastly improved state of affairs.

So far, nothing has been said with regard to dental disease. That is a subject in itself and one of vast importance. The very serious condition of the children's teeth, the vast amount of dental decay, and the prevalence of oral sepsis were among the most striking facts brought to light by routine medical inspection. It is a fact that the proportion of children with sound teeth was found by the Medical Inspectors to be a very small fraction of the total number examined. It was also found that enlarged glands and various other conditions of ill-health were associated with and took origin from the presence in the mouth of decayed and septic teeth. A full-time school dentist, Mr. H. Mallinson, L.D.S., was therefore appointed, together with an additional nurse to assist him, and a Dental Clinic was established at Regent Road in 1914. It was felt that, in the main, the work of the school dentist should be conservative in character, and should aim at the preservation of the first permanent teeth—those very important double teeth which first appear about the age of six years, often mistaken by parents for temporary or "baby" teeth, but which, when decayed, can never be replaced. By routine dental inspection of children's mouths the school dentist could detect the beginnings of decay in these very important first permanent teeth, and bring about arrest of the destructive process by the insertion of small fillings before much harm had been done. At the same time, the dentist would, as a matter of course, remove any badly decayed temporary teeth which might be causing pain and giving rise to inflamed and septic gums.

A single school dentist could, of course, only deal with a small fraction of Salford school children requiring dental treatment, and so it was decided that he should concentrate on the children attending certain schools in the poorer districts, as it was felt that the parents of these children would not be in a position to obtain private dental treatment for them.

The value of the school dentist's work was soon apparent, and in February, 1920, a second school dentist, Mr. A. E. Sherratt, L.D.S., was appointed, whilst the addition of a third dentist, Mr. A. V. Littlewood, L.D.S., was made in October, 1925.

As the work of medical inspection developed during the period following the termination of the war, it was found that a large number of children suffering from well-marked tonsils and adenoids were unable to obtain the desired surgical treatment for these conditions, as the voluntary hospitals had long waiting lists of operation cases. In 1920, therefore, an arrangement was entered into whereby Salford school children suffering from tonsils and adenoids should receive operative treatment at the Salford Royal Hospital. Lists containing the names of children requiring operation were submitted to Salford Royal Hospital, who would then issue invitations for batches of children to attend on certain days for operation.

As in all other areas of considerable size, there are in Salford large numbers of exceptional children, that is, children who by reason of some defect, either physical or mental, are unable to benefit by instruction in an ordinary elementary school. Under this heading we include the blind, deaf, mentally defective, and epileptic children, also children with certain crippling defects, such as paralysis and tuberculosis. For such children, special schools, either residential institutions or special day schools, are necessary. For instance, the totally blind and the deaf and dumb child can only be dealt with satisfactorily in resident institutions such as Henshaw's Institution for the Blind and the Royal Schools for the Deaf at Old Trafford. On the other hand, children who are only partially blind, that is, whose vision is not sufficiently good to enable them to read school books, but good enough to enable them to see their way about, are better taught in special day schools.

Salford has three special day schools—two of them open air schools for delicate children and the other a special day school for the partially blind.

The first of these to be established was the open air school in the David Lewis Recreation Ground, opened in August, 1916—one of the first in this part of the country. To this school were sent a number of delicate children who had never been able to attend ordinary school for any length of time. During the short periods some of them did attend the ordinary closed-in school, they went downhill, lost weight, developed languor, headache, night sweats, loss of appetite, and other symptoms suggestive of early but active tubercular disease. But after a short period of open air school treatment these children markedly improved, gained in weight, and lost their languor and other unfavourable symptoms. In fact, they did much better in the open air school than when allowed to stay at home. The school proved a most valuable asset for dealing with this type of case, which constituted one of Salford's biggest problems. Unfortunately, the accommodation was limited to 70 out of the many hundreds of suitable cases known to the medical inspectors, and even though the children were only allowed to attend for a few months, until they were sufficiently recovered to return to ordinary school, yet there was always a waiting list of about 200. Hence, in 1924, a second open air school at Barr Hill, to accommodate 100 delicate children, was opened, and this has greatly relieved the situation.

Salford's other special school—the South Bank Day School for Partially Blind Children—was opened in 1921. There is accommodation here for 76 children, who, though not totally blind, have vision so defective as to be unable to read the ordinary school books; relatively more use is therefore made of oral teaching and manual instruction.

So far, reference has only been made to medical inspection and treatment of Elementary school children. The Act of 1907 applied to Elementary Schools only and not to Secondary Schools, but in 1921 the Service was further extended to embrace the inspection of pupils in all the recognised Secondary Schools in the Salford area and the Junior Courses at the Royal Technical College. The examination of the scholars is of the same character as in the case of the Elementary Schools, and pupils found to be suffering from tonsils and adenoids or defective vision may now participate in the Education Committee's scheme for treatment.

The number of Secondary School pupils inspected annually is about 2,000.

Co-ordination.

(*a*) Infant and Child Welfare.—Medical records are transferred from the Child Welfare Department to the School Medical Department when children attain school age. As the two Child Welfare Centres at Regent Road and Teneriffe Street are housed in the same buildings as the two School Clinics co-operation of the two departments is further assured.

(*b*) Nursery Schools.—The Child Welfare Medical Officer pays weekly visits to the Nursery School for the purpose of examining the children. The school is also visited by the School Nurses.

(*c*) Debilitated Children under school age are dealt with in the Child Welfare Department.

School Hygiene.

Much of the work of medical treatment of school children would be unnecessary if it were possible to concentrate more upon the preventive side of the problem. For instance, a good deal of visual defect and eye strain might be avoided if the lighting in all the schools was what it ought to be. In the same way, there is being manufactured in crowded and insufficiently ventilated classrooms much of the material with which open air schools are filled. Similarly, defective hygiene is responsible to a large extent for the spread of epidemic infectious disease among school children. If all the schools were more on open air lines there would, surely, be a great falling-off in the incidence of infectious disease. It is true, procedure can only be slow in this direction because of the great cost involved, but it is well that the preventive aspect of the problem should not be lost sight of.

With regard to the new schools at present under contemplation, it will be the Committee's policy to provide classrooms on the lines of the Open Air Schools, where the character of site and other conditions permit.

As regards sanitation the schools were regularly visited by the Sanitary Inspectors, who have paid altogether 201 visits. Improvement in the sanitary condition of outside offices, yards, etc., has been maintained.

Sanitary Inspectors' Visits to Schools		201
Defects Found		45
Wall bulging	1	
Downspouts defective	4	
W.C.'s defective	17	
Yard gully choked	3	
Yard surfaces out of repair	3	
Flushing cisterns defective	2	
Slates displaced	4	
Urinal gullies defective	2	
Ash accommodation defective	8	
Part of roof gutter missing	1	
	45	

Routine Medical Inspection.

School Doctors visit the whole of the Elementary Schools of the City for the purpose of medical inspection.

The Routine Inspection comprises three age groups of children, namely, children of five years, eight years and twelve years of age ; these are the "Code Groups" examined every year, so that each child should be medically examined at least three times during its school career.

(*A*) ROUTINE MEDICAL INSPECTION IN THE SCHOOLS BY THE MEDICAL INSPECTORS.

The arrangements for routine medical inspection are as follows :—

Each school is notified some weeks in advance of medical inspection, the Head Teacher receiving a form requesting a return of the numbers of children of the three Code Groups on the Register. A further notification of the actual date of inspection is later forwarded to the teacher, the notification being accompanied by printed forms for the invitation of parents to be present at the inspection. These invitation forms give the hour as well as the date of inspection, and so obviate unnecessary waiting of parents on the school premises.

At each inspection the Medical Officer has the assistance of a School Nurse.

The School Nurse weighs and measures the children, tests vision with the ordinary types, and loosens the child's clothing for the doctor.

The School Medical Inspectors enter all details of medical inspection on the cards in the schools.

Parents present at the inspection are, of course, notified directly of any defect discovered, and they are advised as to the necessary treatment.

The work of following up by Attendance Officers has now been replaced by re-examination of such cases by the Medical Inspector at the Inspection Clinic, and also by home visits carried out by the School Nurses.

(*B*) INSPECTION IN THE SCHOOLS BY NURSES.

One of the most important duties of the School Nurse is to visit the schools for the purpose of "cleanliness inspection."

On such occasions the whole of the children in attendance at a given school are submitted to inspection by the School Nurse, all heads being rapidly examined for Pediculosis, and in suspected cases the bodies also. A classification of the children's heads is made :—

A.—Signifying freedom from vermin or nits.
B.—The presence of a few nits only.
C.—The presence of a large number of nits or live vermin.

Class B children are given marked cards with warning and instructions, but are not excluded from school.

Class C children are given marked cards and are also excluded from school for 24 hours, when they are re-examined by the Nurse. In the latter case if it is found that the warning has been neglected, verminous notices are issued and the case dealt with according to Section 87 of the Education Act, 1921.

At the present time the aim is to submit every school in the City to "cleanliness inspection" three times during the year. This means, in practice, the inspection of every school for this purpose during the period—

(*a*) From the beginning of the year to Easter ;
(*b*) from Easter to the Midsummer Holidays ;
(*c*) from the Midsummer Holidays to the end of the year.

This aim has been accomplished during the past year, when 96,822 "cleanliness inspections" were carried out by the School Nurses.

Subsequent to the visits of the Nurses to the schools for "cleanliness inspection," the schools are notified of the results of such inspection, and a notice is posted up showing the number of children classified A, B and C. This procedure is believed to have a stimulating effect.

In addition to periodical visits for "cleanliness inspection," special visits are paid by the Nurses at the request of the teacher for the specific purpose of examining children suspected of harbouring vermin or of suffering from contagious skin disease, etc.

Again, the Nurses visit schools during epidemic outbreak, and in this connection the Nurse with special fever training and experienced in throat examinations is useful.

(*C*) THE INSPECTION CLINIC.

Three Medical Officers now attend each afternoon, and one each morning, for the purpose of examining "special cases." These include—

(1) Cases referred by the Medical Officers themselves in the course of routine medical inspection in the schools.

(2) Cases referred by School Nurses from the schools.

(3) Cases referred by School Teachers.

(4) Cases referred by the Attendance Officers.

(5) Cases in which medical examination is requested by the parents.

With reference to these examinations it is necessary to issue a fixed number of invitations for each session, the number varying according to the type of case, otherwise the Medical Officers would be overwhelmed on some occasions.

The Inspection Clinic serves a number of purposes.

First of all, it serves as a clearing house for children referred from different sources. For instance, cases with defects are advised as to the necessity for treatment, and are sent to the family doctor, where such exists. Otherwise, cases are sent to one of the Voluntary Hospitals, or are dealt with under the Local Authority's scheme: needy cases requiring operation are referred to hospital, minor ailments are sent to the Minor Ailments Clinic, oral sepsis to the Dental Clinic, visual defects to the Eye Clinic, and scalp ringworm to the X-Ray Clinic.

Secondly, the Inspection Clinic serves as a Court of Appeal for children booked by the Attendance Officer for absence from school on the grounds of alleged ill-health.

Thirdly, it plays a great part in the "following up" of cases referred for treatment, especially where such is not obtained under the Local Authority's scheme, invitation to attend the Inspection Clinic for re-examination being issued a certain period after the recommendation for treatment. Here the "following up" is done by the Medical Officer himself.

Fourthly, the Inspection Clinic serves for the examination and grading of exceptional children, such as mentally defective.

Fifthly, it serves as a discharging centre for cases previously excluded on medical grounds. For instance, no case of scalp ringworm once excluded from school may be re-admitted until officially discharged and certified "fit for school" by the School Medical Officer.

During the year 1926 the total number of examinations of children at the Inspection Clinic was 19,058.

Findings of Medical Inspection.

Uncleanliness.

Children's heads and bodies were examined for Pediculosis on the occasion of the Nurses' visits to schools, when children of all ages were submitted to examination.

The number of children examined by the Nurses in the elementary schools totalled 96,822.

The Nurses have been able to visit all the schools in the City on three separate occasions during the year for the purpose of "cleanliness inspection," and the standard of cleanliness now adopted is very strict.

Tables showing prevalence of Pediculosis are hereby appended :—

ABLES SHOWING PREVALENCE OF PEDICULOSIS IN DEPARTMENTS WHERE ALL THE SCHOLARS PRESENT WERE EXAMINED BY THE SCHOOL NURSES.

INFANTS' DEPARTMENTS.

	BOYS.					GIRLS.				
	No. examin'd	Heads.			Ver-minous bodies.	No. examin'd	Heads.			Ver-minous bodies.
		*A.	B.	C.			*A.	B.	C.	
e ers ..	16924	15753	891	280	80	16587	10838	4760	989	36
ges ..	—	93·08	5·26	1·66	—	—	65·34	28·70	5·96	—

UPPER DEPARTMENTS.

	BOYS.					GIRLS.				
	No. examin'd	Heads.			Ver-minous bodies.	No. examin'd	Heads.			Ver-minous bodies.
		*A.	B.	C.			*A.	B.	C.	
e ers ..	31709	30035	1261	413	247	31602	21518	8424	1660	66
ges ..	—	94·72	3·98	1·30	—	—	68·09	26·65	5·26	—

* Heads A—Where neither vermin nor nits are present.
B—Containing a small number of nits only.
C—Containing live vermin or numerous nits.

The accompanying table shows the work done under ection 87 of the Education Act, 1921:—

BOYS.					GIRLS.				
umber of leansing Notices erved.	Hair Cut.		Cleansed at Mode Wheel Disinfecting Station.	Cleansed at Home.	Number of Cleansing Notices Served.	Hair Cut.		Cleansed at Mode Wheel Disinfecting Station.	Cleansed at Home.
	By Nurse.	By Parent.				By Nurse.	By Parent.		
318	46	129	38	96	1386	725	588	14	20

Tonsils and Adenoids.

In routine cases 575 were found to be suffering from enlarged tonsils or adenoids, or both, whilst in addition 1,078 special cases were found with the same condition. As in previous years, it was found that a number of cases of enlarged tonsils were temporary in character, the condition disappearing in a short period of time, thus emphasising the importance of re-examining all these cases after an interval of a month or so before deciding on surgical measures.

Tuberculosis.

Amongst the inspection cases there were 319 children diagnosed as suffering from tuberculosis, 16 being fairly definite, and 303 suspected cases. At the same time there were very few advanced cases of phthisis, the majority being probably chiefly confined to the bronchial or mediastinal lymphatic glands and giving rise to indefinite physical signs, although the children were obviously suffering from the effects of toxic absorption, such as languor, anorexia, loss of flesh, night sweats, etc. The majority of such children are adversely affected by compulsory attendance at an ordinary school.

The Committee have fully realised the necessity for further Open Air School provision, and there are now in the City two Open Air Schools for the reception of delicate children.

Ringworm.

Cases of ringworm are notified by Teachers and Attendance Officers, as well as by the Medical Inspection

Staff. All cases are invited to attend periodically at the Centre for inspection, and no child who has been known to have ringworm is allowed to return to school without a certificate from the Medical Officer.

During the year 1926, 95 new cases of scalp ringworm and 119 cases of body ringworm have been under supervision at the Inspection Clinic, and the total number of examinations in these cases amounted to 664.

Alopecia.

There have been 88 new cases under supervision at the Inspection Centre, with a total of 274 examinations.

The Treatment of Alopecia by the High Frequency Current.

The use of the high frequency current has been continued during 1926. The children are now instructed to attend three times a week, as owing to other demands on the nurses' time, it has been found impossible to give the treatment daily. The high frequency current (¼ inch spark) is given for five minutes, which is sufficient to produce a slight reddening of the affected area. The treatment is of considerable value in the more obstinate type of case, and the application is painless. All other treatment, *e.g.*, lotion, is stopped while the child is being treated by the high frequency current.

Four boys and five girls were under treatment in 1926.

Eczema, Impetigo and Sores.

The number of new cases of these diseases under observation during the past year was 2,098, and the number of examinations 4,635.

Scabies.

There were 68 cases under supervision and 203 examinations.

External Eye Disease.

The bulk of the cases of external eye disease found on inspection, as usual, proved to be conjunctivitis or blepharitis of a fairly mild type.

There have been no serious outbreaks of ophthalmia in any of the schools. The practice adopted is to exclude every case of conjunctivitis in which there is possibility of infection.

Vision.

Routine medical inspection in the case of the eight-year-old group and twelve-year-old group includes the testing of vision by means of the usual types at a distance of six metres. Children whose distant vision is represented by 6/18 or worse, also any children who appear to be suffering from the effects of eye strain, or children of five years suffering from strabismus, are all referred for examination at the Refraction Clinic by the Eye Specialist.

During the year under consideration, 1,000 cases have been referred for examination at the Refraction Clinic.

Ear Disease and Hearing.

The great majority of cases of ear disease met with in routine inspection are children suffering from suppurating discharge from the middle ear. These are the cases which in the old days were generally allowed to go untreated, and they often became very offensive for want of attention.

Eight hundred and eighty-six cases were met with by the Medical Inspectors and most of these were dealt with at the School Clinic.

Dental Defects.

The following tables show (*a*) the number of sound and decayed teeth (both temporary and permanent) and (*b*) the actual state of teeth and gums, and the grinding capacity; (*c*) the actual number of decayed teeth, *per child*, among the children examined by the School Dentists.

TABLE A.

ROUTINE DENTAL INSPECTION.

	Age.	Number examined.	TEMPORARY TEETH.				PERMANENT TEETH.			
			Number present.	Average per child.	Number decayed.	Average per child.	Number present.	Average per child.	Number decayed.	Average per child.
Boys	6	1864	33460	17·95	11772	6·31	5847	3·13	327	·17
	7	1243	18440	14·83	7714	6·20	8445	6·79	704	·56
	8	1195	13865	11·60	6422	5·37	11915	9·97	1150	·96
	9	852	7504	8·82	3768	4·42	10623	12·47	999	1·17
	10	707	4496	6·36	2156	3·05	11116	15·72	959	1·35
	11	861	3563	4·14	1783	2·07	15608	18·13	1360	1·58
	12	941	2080	2·21	1249	1·32	20449	21·73	1714	1·82
	13	783	767	·98	492	·63	19177	24·49	1610	2·05
	14	48	37	·77	12	·25	1254	26·12	78	1·62
	Total ...	8494	84212	9·91	35368	4·16	104434	12·29	8901	1·04
Girls	6	1831	32076	17·52	11205	6·12	7001	3·82	395	·21
	7	1213	16846	13·88	6970	5·74	9578	7·89	780	·64
	8	1218	12752	10·47	6149	5·04	13770	11·30	1307	1·07
	9	842	6763	8·03	3231	3·83	11519	13·68	1130	1·34
	10	788	4022	5·10	1998	2·53	13278	16·85	999	1·26
	11	872	2464	2·82	1285	1·47	18305	20·99	1491	1·71
	12	872	1174	1·34	735	·84	19881	22·80	1738	1·99
	13	701	422	·60	259	·37	17836	25·44	1584	2·26
	14	59	48	·81	27	·46	1456	24·68	156	2·64
	Total ...	8396	76567	9·12	31859	3·79	112624	13·41	9580	1·14
Boys and Girls ..	Total ...	16890	160779	9·51	67227	3·98	217058	12·85	18481	1·09

TABLE B.

Routine Dental Inspection.

	Age.	Number examined.	State of Teeth.			Condition of Gums.			Grinding Capacity.			Temporary Teeth.		Permanent Teeth.			Hypoplastic.
															Decayed.		
			Clean.	Fairly clean.	Dirty.	Healthy	Inflamed.	Septic.	Good.	Average	Bad.	Sound.	Decayed	Sound.	Saveable	Unsaveable	
Boys	6	1864	1103	754	7	922	447	495	249	1524	91	21688	11772	5520	289	38	58
	7	1243	759	477	7	580	342	321	118	1081	44	10726	7714	7741	586	118	81
	8	1195	702	487	6	578	316	301	79	1066	50	7443	6422	10765	802	348	202
	9	852	520	328	4	425	234	193	40	780	32	3736	3768	9624	650	349	250
	10	707	434	268	5	427	168	112	58	622	27	2340	2156	10157	600	359	244
	11	861	532	323	6	575	195	91	111	723	27	1780	1783	14248	709	651	247
	12	941	566	365	10	652	205	84	142	777	22	831	1249	18735	899	815	282
	13	783	448	328	7	566	179	38	154	615	14	275	492	17567	842	768	190
	14	48	22	26	..	36	12	..	16	32	..	25	12	1176	39	39	..
	Total	8494	5086	3356	52	4761	2098	1635	967	7220	307	48844	35368	95533	5416	3485	1554
Girls	6	1831	1104	718	9	911	441	479	280	1485	66	20871	11205	6606	337	58	91
	7	1213	719	489	5	571	318	324	106	1069	38	9876	6970	8798	647	133	158
	8	1218	752	462	4	595	319	304	69	1091	58	6603	6149	12463	946	361	187
	9	842	517	323	2	446	217	179	66	739	37	3532	3231	10389	715	415	158
	10	788	520	265	3	505	185	98	97	671	20	2024	1998	12279	579	420	153
	11	872	576	293	3	594	189	89	161	686	25	1179	1285	16814	847	644	231
	12	872	582	286	4	626	202	44	181	676	15	439	735	18143	944	794	141
	13	701	437	262	2	534	141	26	164	531	6	163	259	16252	851	733	229
	14	59	40	19	..	46	11	2	8	50	1	21	27	1300	67	89	59
	Total	8396	5247	3117	32	4828	2023	1545	1132	6998	266	44708	31859	103044	5933	3647	1407
Boys & Girls	Total	16890	10333	6473	84	9589	4121	3180	2099	14218	573	93552	67227	198577	11349	7132	2961

TABLE 6.—ROUTINE DENTAL INSPECTION.

TABLE SHOWING NUMBER OF DECAYED TEETH AMONG SCHOOL CHILDREN EXAMINED IN THE SCHOOL BY SCHOOL DENTISTS DURING THE YEAR 1926.

Number of Decayed Teeth.	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 and upwards.	Total No. of Decayed Teeth	Total No. of Children.
Boys aged 6—																							
Aggregate No. of Children	101	75	137	106	199	179	193	175	149	148	134	62	85	32	30	20	18	13	5	3	..	12099	1864
Percentages	5·42	4·02	7·35	5·68	10·68	9·60	10·35	9·39	7·99	7·95	7·19	3·32	4·56	1·72	1·61	1·07	·97	·70	·27	·16	..	..	100 00
Girls aged 6—																							
Aggregate No. of Children	119	57	151	121	196	178	178	169	155	126	115	85	54	45	30	20	15	8	6	3	..	11600	1831
Percentages	6·50	3·11	8·25	6·61	10·70	9·72	9·72	9·23	8·46	6·88	6·28	4·64	2·95	2·46	1·64	1·09	·83	·44	·33	·16	..	..	100·00
Boys aged 7—																							
Aggregate No. of Children	43	32	79	87	132	121	133	109	140	89	92	53	42	31	18	10	15	9	5	3	..	8418	1243
Percentages	3·47	2·57	6·36	7·00	10·63	9·73	10·70	8·78	11·26	7·16	7·40	4·26	3·38	2·49	1·45	·80	1·20	·72	·40	·24	..	..	100·00
Girls aged 7—																							
Aggregate No. of Children	38	39	78	109	139	117	140	120	122	78	82	46	43	26	17	7	6	2	2	..	2	7750	1213
Percentages	3·13	3·22	6·43	8·98	11·46	9·64	11·54	9·89	10·06	6·43	6·76	3·80	3·54	2·14	1·40	·58	·49	·17	·17	..	·17	..	100·00
Boys aged 8—																							
Aggregate No. of Children	34	28	91	119	135	115	142	112	122	78	65	48	44	30	13	9	7	3	..	..	..	7572	1195
Percentages	2·84	2·34	7·62	9·96	11·30	9·62	11·88	9·37	10·21	6·53	5·44	4·02	3·68	2·51	1·09	·75	·59	·25	..	..	..	..	100·00
Girls aged 8—																							
Aggregate No. of Children	33	27	91	114	150	155	138	132	116	77	64	40	32	25	6	8	8	1	..	1	..	7456	1218
Percentages	2·72	2·23	7·47	9·36	12·31	12·72	11·33	10·84	9·52	6·32	5·25	3·28	2·63	2·05	·49	·66	·66	·08	..	·08	..	..	100·00
Boys aged 9—																							
Aggregate No. of Children	23	36	75	86	130	104	101	71	77	49	44	26	10	9	7	2	2	..	..	..	..	4767	852
Percentages	2·70	4·22	8·80	10·09	15·26	12·21	11·85	8·32	9·04	5·75	5·17	3·05	1·18	1·06	·82	·24	·24	..	..	..	..	..	100·00
Girls aged 9—																							
Aggregate No. of Children	38	46	82	106	115	104	90	72	72	43	29	21	9	4	3	5	3	..	..	..	..	4361	842
Percentages	4·52	5·46	9·74	12·59	13·66	12·35	10·69	8·55	8·55	5·11	3·44	2·49	1·07	·47	·36	·59	·36	..	..	..	..	..	100·00
Boys aged 10—																							
Aggregate No. of Children	46	62	86	101	98	88	70	55	38	32	13	11	3	1	1	1	..	..	..	..	1	3115	707
Percentages	6·51	8·77	12·16	14·29	13·86	12·45	9·90	7·78	5·37	4·53	1·84	1·56	·42	·14	·14	·14	..	..	..	..	·14	..	100·00

Number of Decayed Teeth.	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 and upwards	Total No. of Decayed Teeth.	Total No. of Children.
Boys aged 11—																							
Aggregate No. of Children	80	105	131	123	129	109	79	40	25	24	7	4	3	2	..	..	..	..	..	..	..	3143	861
Percentages	9·29	12·20	15·21	14·29	14·98	12·66	9·18	4·65	2·90	2·79	·81	·46	·35	·23	..	..	..	..	..	..	..	..	100·00
Girls aged 11—																							
Aggregate No. of Children	97	117	165	146	125	93	52	33	26	9	6	2	1	..	..	..	..	..	..	..	..	2776	872
Percentages	11·12	13·42	18·92	16·74	14·34	10·67	5·96	3·78	2·98	1·03	·69	·23	·12	..	..	..	..	..	..	..	..	..	100·00
Boys aged 12—																							
Aggregate No. of Children	110	137	181	159	129	85	49	30	34	16	6	1	1	1	..	2	..	..	..	..	..	2963	941
Percentages	11·69	14·56	19·23	16·90	13·71	9·03	5·21	3·19	3·61	1·70	·63	·11	·11	·11	..	·21	..	..	..	..	..	..	100·00
Girls aged 12—																							
Aggregate No. of Children	134	119	185	134	128	76	40	27	13	7	6	2	1	..	..	..	..	..	..	..	..	2473	872
Percentages	15·37	13·65	21·22	15·37	14·68	8·70	4·59	3·09	1·49	·80	·69	·23	·12	..	..	..	..	..	..	..	..	..	100·00
Boys aged 13—																							
Aggregate No. of Children	124	130	146	149	102	60	29	15	16	6	4	1	..	1	..	..	..	..	..	..	..	2102	783
Percentages	15·84	16·60	18·65	19·03	13·03	7·66	3·70	1·92	2·04	·76	·51	·13	..	·13	..	..	..	..	..	..	..	..	100·00
Girls aged 13—																							
Aggregate No. of Children	120	120	135	105	106	50	28	14	16	3	2	1	1	..	..	..	..	..	..	..	..	1843	701
Percentages	17·12	17·12	19·26	14·98	15·12	7·13	3·99	2·00	2·28	·43	·29	·14	·14	..	..	..	..	..	..	..	..	..	100·00
Boys aged 14—																							
Aggregate No. of Children	13	9	11	7	5	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	90	48
Percentages	27·09	18·75	22·92	14·58	10·42	2·08	2·08	2·08	..	..	..	..	..	..	..	..	..	..	..	..	..	..	100·00
Girls aged 14—																							
Aggregate No. of Children	10	6	11	10	8	7	1	2	1	2	..	..	1	..	..	..	..	..	..	..	..	183	59
Percentages	16·95	10·17	18·64	16·95	13·56	11·86	1·69	3·40	1·69	3·40	..	..	1·69	..	..	..	..	..	..	..	..	..	100·00
TOTAL Boys and Girls—																							
Aggregate No. of Children	1236	1231	1954	1886	2146	1749	1533	1218	1149	806	679	408	333	210	127	84	74	36	18	10	3	85708	16890
Percentages	7·32	7·29	11·57	11·17	12·70	10·35	9·08	7·21	6·80	4·77	4·02	2·41	1·97	1·24	·75	·50	·44	·22	·11	·06	·02	..	100·00

Average No. of Decayed Teeth per Child—**5·07.**

Crippling Defects.

Amongst the Code Group cases 23 children were referred for treatment on account of rickets.

Infectious Disease.

A system of notification is in force whereby the Head Teachers forward to the Medical Officer of Health particulars of the cause of absence from sickness of the children attending their schools. These returns are sent in weekly, and are classified in the following table :—

RETURN OF SICKNESS IN SCHOOLS DURING THE YEAR 1926.

Notifiable Diseases.	Measles.	Whooping Cough.	Chicken Pox.	Mumps.	Ringworm.	Ophthalmia.	Sore Throat.	Bronchitis and Pneumonia.	Colds.	Other Diseases.
800	2578	347	1272	2121	231	232	4286	1744	18198	10781

Following Up.

The work of following up has been carried out by (*a*) the School Medical Officers, and (*b*) School Nurses.

A large number of cases seen in the schools during the course of routine inspection are referred to the Inspection Clinic for further examination at a later date.

Formerly " Home Visits " for the purpose of following up were carried out almost entirely by the Attendance Officers. The School Nurses, however, are now undertaking this work. During the last year they paid over 2,827 home visits.

Medical Treatment.

A number of defects requiring treatment are dealt with under the Local Authorities' Scheme. This includes :—(1) The treatment of Minor Ailments at the School Clinic ; (2) the treatment of scalp ringworm at the X-Ray Clinic ; (3) the treatment of Alopecia by the High Frequency Current ; (4) the treatment of dental defects at the Dental Clinic ; (5) the treatment of visual defects at the Eye Clinic ; and (6) the surgical treatment of tonsils and adenoids at the Salford Royal Hospital.

The Minor Ailments Clinic.

During the past year 1,932 new cases were treated at the Minor Ailments Clinics, Regent Road, Teneriffe Street and Police Street, and the attendances of patients totalled 38,760. The cases which received treatment were those who would otherwise have received little or no attention, such as chronic ear discharge, chronic nasal discharge, often accompanied by impaired hearing; skin diseases such as tinea, alopecia, eczema, impetigo, sores and septic conditions, and such common external eye diseases as conjunctivitis and blepharitis.

It is found that the great majority of these cases rapidly improve under thorough treatment, and, as a rule, even the bad cases are soon able to resume school.

The treatment is carried out by the School Nurses under the direction of the Medical Officers.

Two School Nurses attend the Regent Road Clinic each morning, one attends the Teneriffe Street Clinic each afternoon and one attends the Police Street Clinic each morning.

All cases attending the Clinic are first examined either at the Inspection Clinic or at school by the Medical Officers, who issue cards authorising the child's attendance at the Treatment Clinic.

The cards show the doctors' diagnosis and instructions for treatment, and the date of attendance is stamped thereon for the information of the teacher. No child is treated at the Minor Ailments Clinic unless first authorised and given a card by the Medical Officer, otherwise the Nurses would be quickly overwhelmed.

The following table shows the number of new cases and attendances up to December 31st, 1926 :—

	Boys.	Girls.	Total.
New Cases	1042	890	1932
Attendances	21104	17656	38760

Tonsils and Adenoids.

The Education Committee have an arrangement for the surgical treatment of these cases at the Salford Royal Hospital.

A list of cases considered suitable for operation is submitted to the hospital. After operation, children are re-examined at the Inspection Clinic by a School Medical Officer.

A charge of 25s. is made by the hospital for each case operated upon, and a portion of this charge is recovered from parents who can afford to contribute towards the cost; 312 cases have been successfully operated on during the year.

Tuberculosis.

Children found to be suffering from definite tuberculosis are generally referred for treatment to the Tuberculosis Department. A certain number of children suffering from suspected tuberculosis are dealt with at the Open Air Schools.

Skin Disease.

RINGWORM.—THE X-RAY CLINIC.

The very efficient X-Ray apparatus for the treatment of ringworm was installed early in the year 1913.

From the beginning this Clinic has been so successful in coping with the large amount of scalp ringworm of an obstinate type formerly prevalent in the City that there are nowadays insufficient cases to keep the Clinic working regularly.

It was generally found necessary to epilate the whole scalp in each case according to the five-exposure method of Kienböck. By this method the whole of the scalp is exposed at one sitting of approximately two hours, epilation being complete by about the end of the third week.

After X-Ray application the children are allowed to return to school, wearing a cap, as soon as epilation is complete and no ringworm stumps remain in the scalp.

A nominal charge of 5s. per child treated is made to the parent.

X-Rays have been administered to 34 cases of scalp ringworm during the year. Thirty-two cases were certified fit at the end of December.

Of the above 34 cases, it was necessary to epilate the whole scalp in 32 cases, and one patch in 2 cases.

Number of re-examinations after X-Rays, 197.

The children were fit to return to school again, on the average, seven weeks after the application of the Rays.

On the other hand the 23 cases cured without the application of X-Rays were only fit to return to school on the average 25 weeks after the commencement of treatment, one case taking as long as over two years, and the large majority several months.

It may be too much to hope that the disease will ever be entirely eradicated, but compared with the prevalence of the disease before the provision of X-Ray treatment, the number of cases of scalp ringworm met with at the present time is small indeed.

ECZEMA, IMPETIGO AND SORES.

A large number of such cases are now being dealt with very successfully at the School Clinics, and many obstinate cases of impetigo are returned to school after a few days' treatment.

SCABIES.

Cases are now treated daily by the School Nurses at the Mode Wheel Disinfecting Station, and the children are first given a warm bath, after which the appropriate remedies are applied. In most of these cases the bedding is also disinfected. It is found that this treatment very considerably shortens the duration of the disease.

Ear Disease and Hearing.

Cases of ear disease and defective hearing are generally kept under observation by the School Doctor at the Inspection Clinic, and many of these receive treatment at the School Clinic. This treatment includes the daily syringing, etc., of cases of otorrhœa and also the giving of nasal douches where the impaired hearing is due to catarrh and obstruction of the nasal passages.

Dental Clinic.

The School Dentists, as in previous years, devoted most of their time to conservative dental treatment of the first permanent teeth (six-year old molars). Actual dental inspection in the schools was carried out on six mornings per week (two mornings for each of the three Dentists), the remainder of the week being occupied with the treatment of defects found in the course of this inspection.

The attendance of the children at the Clinics has been extremely good, very few of them failing to keep their appointments.

Altogether 6,042 children were treated at the Dental Clinics, making 10,534 attendances. There were 11,228 extractions of teeth, 4,350 fillings, 174 dressings and 944 scalings.

The tables on pages 32–35 show in detail the work carried out during the year 1926.

Owing to the impossibility of undertaking dental treatment for all school children in the City with the present staff of three, the School Dentists now confine their activities to a limited number of schools, the most needy being selected. This arrangement allows the School Dentists to follow up the cases already treated, and so keep the mouths of the children in order.

Crippling Defects.

A number of children suffering from well-marked ricketty and certain other deformities are very successfully dealt with at the Greengate Dispensary under the supervision of Dr. Mumford. The children so treated are resident in the institution for a period.

The Committee are agreed that the provision of a day school to accommodate 100 crippled children is a necessity. During the year the Committee acquired a piece of land adjoining Buile Hill Park which it was thought might be utilised as a site for a Cripple School.

On further consideration it was realised that a considerable amount of money would have to be expended in preparing this site, which again was not quite as open as it might be.

The Committee are therefore in negotiation with the Parks Committee with a view to effecting an exchange for a more level and more open plot of ground, which would be eminently suitable for the purpose.

Heart and Circulation.

In all well-marked cases of heart disease, the parents were interviewed and warned of the defect, and the children were referred for further examination in three months' time. The teachers were also warned of such defects and advised as to the child's fitness for drill or otherwise.

The Refraction Clinic.

It is with deep regret that the Committee have to report the untimely death in May, 1926, of Dr. J. L. Meynell, their Ophthalmic Officer. The department has sustained a great loss, inasmuch as Dr. Meynell's knowledge of the work was only equalled by his invariable tact and courtesy in dealing with patients.

The work of the Refraction Clinic was in abeyance from the time of Dr. Meynell's death, until the end of September, when Dr. H. G. Parker was appointed as part-time Eye Specialist to the Committee.

TABLE S IVa.

SUMMARY OF CASES SEEN BY THE OPHTHALMIC OFFICER AT THE EDUCATION OFFICE DURING THE YEAR 1926.

A.—REFRACTIONS.

	Boys.	Girls.	Total.
Hypermetropia	63	51	114
Hypermetropic Astigmatism	33	30	63
Compound Hypermetropic Astigmatism	143	155	298
Myopia	15	33	48
Myopic Astigmatism	1	4	5
Compound Myopic Astigmatism	19	24	43
Mixed Astigmatism	29	48	77
Anisometropia	..	2	2
Nil	31	33	64
TOTALS	334	380	714

B.—DISEASES OF THE EYE.

	Boys.	Girls.	Total.
Muscle Disorders—			
Nystagmus	2	2	4
Squint	58	58	116
Disease of the Conjunctivæ and Lids—			
Conjunctivitis	14	14	28
Blepharitis	1	5	6
Disease of the Cornea—			
Keratitis (active)	..	4	4
Nebulæ	5	12	17
Disease of the Lens—			
Cataract	3	1	4
Disease of the Uveal Tract—			
Retinitis Pigmentosa	..	..	..
Disease of the Optic Nerve—			
Retrobulbar Neuritis	2	..	2

Open Air Schools.

The David Lewis Day School, which provides accommodation for 70 delicate children, was opened on the 28th August, 1916, in the open shed and premises in the David Lewis Recreation Ground. The staff consists of a head teacher with two assistants.

The Barr Hill Day School, which provides accommodation for 100 delicate children, was opened on the 30th May, 1924.

The school is built on an elevated site, standing well above the valley, and its open front looks due south. The plan resembles the letter "E" with the middle tongue missing, the central portion being a shed left permanently open to the south, and windowed to the north. One projecting wing comprises two classrooms, and the other wing the administrative portion, including kitchen and cloakroom. The classrooms, by means of folding glass doors, can be opened to the east, south and west, but are permanently closed to the north.

The staff consists of a head teacher and three assistants.

Delicate children, from 6 to 14 years of age, are admitted, and are daily conveyed to and from the open air schools, free of charge, by a service of special tramcars.

Children arrive at school at 9 o'clock a.m. and remain the whole day, leaving at 6 o'clock p.m. during the summer, and 4-30 p.m. in the winter.

The children admitted to the Open Air Schools are selected by examination by the Medical Staff, and the parents are urged to get any defects, such as enlarged tonsils and adenoids, or decayed teeth, remedied before admission to the schools.

No children are admitted who are considered likely to be a source of infection to others.

The school nurse attends each school daily, the children are weighed each week, and the Medical Inspector also visits the schools once a week.

Three meals are provided—breakfast, dinner and tea—for which a maximum charge of 5s. per week is made. After dinner the children rest in the recumbent position for two hours, either in the open when weather permits, or under cover when wet.

Children who have been discharged from the Open Air Schools to the ordinary schools are invited periodically to the Clinic, for observation of their further progress.

Open Air Schools, Year 1926.

DAVID LEWIS.

	Boys.	Girls.	Total.
Number of Admissions during 1926	29	24	53
Number of Discharges during 1926	23	29	52
Number of Children on Register at end of Year 1926	39	38	77

CHILDREN DISCHARGED DURING 1926.

	Boys.	Girls.	Total.
Average "Stay" in School (weeks)	40·3	34·6	37·4
AVERAGE GAIN IN WEIGHT	7·7	8·2	7·10 lbs.
	yr. mth.	yr. mth.	yr. mth.
Average Age on Admission	9 10	10 7	10 3

OPEN AIR SCHOOLS, YEAR 1926, DAVID LEWIS—*Continued.*

	Boys.	Girls.	Total.
Transferred to Ordinary School	15	16	31
Left, aged 14	3	4	7
Admitted to Nab Top, Marple	..	2	2
,, ,, Culcheth Homes	1	..	1
Unfit for any School	..	2	2
Taken off Rolls (poor attendance)	..	2	2
,, ,, ,, (removed from district)	..	1	1
,, ,, ,, (parents' wish)	1	2	3
,, ,, ,, (refusal to pay fees)	3	..	3
	23	29	52

CLASSIFICATION OF DISEASES FROM WHICH THE ABOVE DISCHARGED CHILDREN WERE SUFFERING.

	Boys.	Girls.	Total.
Tuberculosis Lungs (Early)	1	1	2
,, ,, (Suspected)	3	2	5
,, Bone	..	2	2
,, Abdomen	1	1	2
,, Adenitis (Suspected)	1	..	1
Delicate	6	13	19
Anæmia	3	3	6
Bronchitis	4	3	7
Adenoids	..	1	1
Epilepsy	..	1	1
Unresolved Pneumonia	..	1	1
Heart Disease	..	1	1
Adenitis	2	..	2
Enlarged Bronchial Gland	1	..	1
Pleural Effusion	1	..	1
	23	29	52

BARR HILL.

	Boys.	Girls.	Total.
Number of Admissions during 1926	54	36	90
Number of Discharges during 1926	42	36	78
Number of Children on Register at end of Year 1926	56	52	108

OPEN AIR SCHOOLS, YEAR 1926, Barr Hill—*Continued.*

Children Discharged during 1926.

	Boys.	Girls.	Total.
Average "Stay" in School (weeks)	41·2	41·5	41·3
Average Gain in Weight	6·4	7·4	6·9 lbs.
	yr. mth.	yr. mth.	yr. mth.
Average Age on Admission	10 1	10 2	10 2

	Boys.	Girls.	Total.
Transferred to Ordinary School	27	24	51
Left, aged 14	9	6	15
Admitted to Nab Top, Marple	3	1	4
,, Hospital	1	1	2
Unfit for any School	1	1	2
Taken off Rolls (left the district)	1	..	1
,, ,, (poor attendance)	..	1	1
,, ,, (parents' wish)	..	2	2
	42	36	78

Classification of Diseases from which the above Discharged Children were Suffering.

	Boys.	Girls.	Total.
Tuberculosis, Lungs (Early)	1	1	2
,, ,, (Suspected)	2	2	4
,, Adenitis	3	1	4
,, ,, (Suspected)	2	..	2
,, Abdomen	1	..	1
,, Bones and Joints	1	1	2
Anæmia	16	14	30
Delicate	7	10	17
Encephalitis Lethargica	1	..	1
Debility	..	1	1
Rickets	3	..	3
Malnutrition	1	2	3
Bronchitis	2	1	3
Infantile Paralysis	1	..	1
Adenitis	1	1	2
Heart Disease	..	2	2
	42	36	78

Physical Training.

The School Medical Officers advise as to the kind of exercises to be adopted in some cases of temporary deformity, such as slight scoliosis.

Provision of Meals.

The usual arrangements with regard to cooking of dinners and the conveyance to the feeding centres were followed.

The number of children requiring free meals shows an increase during the year, the average monthly number being 225, as compared with 174 for the previous year.

Children examined in the schools by the Medical Officers and found to be suffering from malnutrition are referred for investigation into the parents' means and, where necessary, free meals are given.

Swimming Instruction.

During the season just closed, 22 Swimming Instructors were appointed for boys and four for girls, and the number of attendances of children during school hours at the several baths was 28,772 in the case of boys, and 24,894 in the case of girls, making a total of 53,666, as compared with 53,450 in the previous year. Reports were received from the Instructors that, of the children attending the baths, 1,199 boys and 829 girls proved themselves able to swim.

In order to encourage the children to learn swimming, the Baths Committee have continued the arrangement under which a free season ticket for the ensuing year is given to each scholar who, at the commencement of the season, is unable to swim more than ten yards, and who at the end of the season has proved able to swim one length of the bath. Certificates of proficiency are also awarded by the Education Committee, after an examination conducted by a committee of Head Teachers. The number of such certificates gained during the past season was 1,640, compared with 1,643 for the previous year.

Co-operation of Parents.

Parents present at the inspection are, of course, notified directly of any defect discovered, and they are advised as to the necessary treatment. When parents are absent at the time of the inspection, and it is desirable that they should be interviewed with respect to defects discovered, invitations for these parents to attend the inspection clinic, together with the children, are issued, and so the cases are followed up.

Co-operation of Teachers.

Previous to the visit of the School Doctor, teachers notify parents of the date and time at which their children will be examined.

Each Head Teacher supplies weekly to the Medical Officer a return of sickness in the schools. In this way early information is obtained as to the outbreak of any infectious sickness amongst school children.

Again, a large number of the special cases examined at the Inspection Clinic are children who have been referred by school teachers for medical examination.

In the case of mentally defective children the work of the Medical Officer is greatly facilitated by the special reports which are furnished by Head Teachers.

Co-operation of School Attendance Officers.

The assistance of the School Attendance Officers is obtained in the case of children who have been invited to the Inspection Clinic and do not attend.

Cleansing notices issued in accordance with Section 87 of the Education Act, 1921, are delivered by the Attendance Officers, who insure the attendance of the verminous children at the cleansing centre.

The Superintendent of Attendance Officers is daily supplied with all information with respect to periods of school exclusion, or fitness for school in the case of children examined at the Inspection and Treatment Clinics.

Co-operation of Voluntary Bodies.

The co-operation of the Invalid Children's Aid Association and the Crippled Children's Help Association has been obtained in a number of cases. Through these agencies a considerable number of children have been sent to Holiday and Convalescent Homes at the seaside, or in the country, and in the case of some of the cripples suitable apparatus has been supplied by these voluntary bodies.

Blind, Deaf, Defective and Epileptic Children.

A list of the above children maintained in special institutions will be found in Tables S IIIa. and S IIIb. in the Statistical Tables.

A school for the accommodation of partially blind children was opened in the City on March 7th, 1921. This school serves as a Day School for children who are not totally blind, but whose vision is too defective for them to be taught in the ordinary schools. Four children were admitted during the year.

Cases of total blindness are sent to a residential institution.

One of the School Medical Officers, Dr. H. Heathcote, is engaged in the examination and classification of mentally defective children with respect to their suitability for treatment in :—

(*a*) Resident Institutions for Imbeciles.
(*b*) Special Residential Schools for Mentally Defective Children.
(*c*) Special Day Schools for Mentally Defective Children.
(*d*) Special Classes in Ordinary Schools.

A similar list is prepared in the case of physically defective children in respect of their suitability for treatment in :—

(*a*) Residential Open Air Schools.
(*b*) Day Open Air Schools.
(*c*) Sanatorium Schools.
(*d*) Special Residential Schools for Cripples.
(*e*) Special Day Schools for Cripples.
(*f*) Special Residential Schools for Epileptics.

Mentally defective children who are not in Special Schools are referred to the South-East Lancashire Association for Mental Welfare for supervision, and some of them attend an Occupation Centre.

The South Bank Day School for the Partially Blind.

There are 63 children on the rolls, and the teachers at the School constitute the After-Care Committee.

Eleven children left the School in 1926, and the following is a summary of the records of their after-careers:—

	Boys.	Girls.	Total.
Returned to Ordinary School	..	1	1
Working	5	5	10
	5	6	11

Nursery Schools.

As yet there is but one in the City, namely, at Encombe Place, where about 61 children are in daily attendance. This school is visited each week by the Child Welfare Medical Officer.

The school is also visited by the School Nurse for the purpose of "cleanliness inspection."

Secondary Schools.

The work of medical inspection in respect of the Secondary Schools has been undertaken by one of the Medical Inspection Staff, Dr. H. Heathcote.

On the occasion of the visit of the doctor to each of these schools the whole of the pupils in attendance have been submitted to medical examination. This examination is the same in character as in the case of Elementary Schools, and in the same way parents have an opportunity of being present.

Children who may be suffering from tonsils and adenoids or defective vision may now participate in the Education Committee's scheme for treatment.

Following up is undertaken by Dr. H. Heathcote, who re-visits the schools in order to ascertain whether the treatment recommended has been carried out.

Tables showing the number of pupils examined and the findings of the Medical Inspector will be found in the Statistical Tables.

Miscellaneous.

A number of Teachers, Exhibitioners, Bursars, and special cases have been medically examined by the Medical Officers during the year. (*See* Table S Ib. in the Statistical Tables.)

The total number of children medically examined in the Elementary Schools during the year amounted to 10,723.

During the year 27,522 invitations were sent out to children referred for medical treatment, and there were 18,945 attendances; 6,711 cases were discharged from the Clinic, 89·79 per cent of which were remedied. (*See* Pages 211–212 of Statistical Tables.)

Summary of Examinations.

During the year 1926, 53,594 examinations were conducted by the Medical Officers of the Education Committee.

These examinations were made up as follows :—

(*a*) Children belonging to Code Groups examined in the Schools	10,723
(*b*) Cases of visual defects examined by retinoscopy at Chapel Street	905
(*c*) Absentees and cases of disease or defect examined by the Medical Officers at Regent Road Centre, Teneriffe Street Centre and Police Street Centre	19,058
(*d*) Verminous cases in which cleansing notices have been served under Section 87 of the Education Act, 1921, examined at Regent Road..	1,704
(*e*) Teachers, pupil teachers, bursars, and various special cases examined	706
(*f*) Children examined in the schools by the School Dentist	18,366
(*g*) Children examined in Secondary Schools	1,894
(*h*) Employment Certificates issued....	238

STATISTICAL TABLES.

Elementary Schools.

TABLE I.

RETURN OF MEDICAL INSPECTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1926.

A.—ROUTINE MEDICAL INSPECTIONS.

	Boys.	Girls.	Total.
Number of Code Group Inspections—			
Entrants	2061	1964	4025
Intermediates	1475	1433	2908
Leavers	1946	1844	3890
Total	5482	5241	10823

Number of other Routine Inspections ....

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections	4007	3918	7925
Number of Re-inspections	7183	7178	14361
Total	11190	11096	22286

TABLE I—*Continued.*

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED AT THE ROUTINE MEDICAL INSPECTION.

BOYS. AVERAGE HEIGHT IN INCHES.

Average age in years	$5\frac{6}{12}$	$8\frac{4}{12}$	$12\frac{5}{12}$
Number examined	2061	1475	1946
Anthropometric standard at 5, 8 and 12 years respectively	40·4	46·9	54·7
Salford average	41·0	46·3	53·9
Difference	+ ·6	− ·6	− ·8

BOYS. AVERAGE WEIGHT IN LBS.

Average age in years	$5\frac{6}{12}$	$8\frac{4}{12}$	$12\frac{5}{12}$
Number examined	2061	1475	1946
Anthropometric standard at 5, 8 and 12 years respectively	38·2	50·2	71·5
Salford average	39·1	50·8	70·2
Difference	+ ·9	+ ·6	− 1·3

GIRLS. AVERAGE HEIGHT IN INCHES.

Average age in years	$5\frac{5}{12}$	$8\frac{7}{12}$	$12\frac{6}{12}$
Number examined	1964	1433	1844
Anthropometric standard at 5, 8 and 12 years respectively	40·2	46·3	54·9
Salford average	40·6	46·4	54·6
Difference	+ ·4	+ ·1	− ·3

GIRLS. AVERAGE WEIGHT IN LBS.

Average age in years	$5\frac{5}{12}$	$8\frac{7}{12}$	$12\frac{6}{12}$
Number examined	1964	1433	1844
Anthropometric standard at 5, 8. and 12 years respectively	37·3	48·9	72·3
Salford average	37·8	49·2	71·7
Difference	+ ·5	+ ·3	− ·6

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1926.

DEFECTS OR DISEASES.	ROUTINE INSPECTION.		SPECIALS.	
	No. referred for treatment.	No. requiring to be kept under observation.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition	8	10	49	5
Uncleanliness, head	..	..	..	..
,, body	..	..	..	..
(See Table IV., Group V).				
Skin—				
Ringworm, head	12	..	94	..
,, body	7	..	120	..
Scabies	9	..	68	..
Impetigo	109	2	1228	..
Other Diseases (Non-Tubercular)	130	9	930	4
Eye—				
Blepharitis	59	3	208	..
Conjunctivitis	25	..	276	..
Keratitis	5	..	45	..
Corneal Ulcer	6	..	20	..
Corneal Opacities	3	..	7	..
Defective Vision	754	1	109	2
Squint	173	..	49	2
Other Conditions	35	4	107	6
Ear—				
Defective Hearing	19	19	128	12
Otitis Media	125	23	479	8
Other Ear Diseases	23	7	41	2
Nose and Throat—				
Enlarged Tonsils	112	149	212	112
Adenoids	48	60	164	51
Enlarged Tonsils and Adenoids.	151	55	487	52
Other Conditions	88	23	306	39
Enlarged Cervical Glands (Non-Tubercular)	100	24	235	42
Defective Speech	..	..	19	12
Teeth—Dental Disease	1033	..	266	1
Heart and Circulation—				
Heart Disease, Organic	18	40	76	104
,, ,, Functional	28	59	57	73
Anæmia	46	38	208	142

TABLE II—*Continued.*

A.—Return of Defects Found in the Course of Medical Inspection in 1926.

DEFECTS OR DISEASES.	ROUTINE INSPECTION.		SPECIALS.	
	No. referred for treatment.	No. requiring to be kept under observation.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Lungs—				
Bronchitis	143	144	496	269
Other Non-Tubercular Diseases.	17	7	60	52
Tuberculosis—				
Pulmonary, Definite	2	..	8	8
,, Suspected	9	6	80	219
Non-Pulmonary, Glands	9	..	39	6
,, Spine	2	1	3	..
Hip	1	1	5	1
Other Bones and Joints	..	2	6	2
Skin	2	..	8	..
Other Forms	7	..	15	7
Nervous System—				
Epilepsy	6	3	31	15
Chorea	13	9	142	51
Other Conditions	19	21	60	25
Deformities—				
Rickets	23	14	51	18
Spinal Curvature	3	1	5	1
Other Forms	18	9	29	7
Other Defects or Diseases	247	106	842	206
Delicate	809	52	359	166
Mentally Defective	2	7	10	11
Dull and Backward	2	5	4	10

TABLE II—*Continued.*

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children Found to Require Treatment.
	Inspected.	Found to Require Treatment.	
Code Groups—			Per cent.
Entrants	4025	1042	25·88
Intermediates	2908	958	32·94
Leavers	3890	1094	28·12
Total (Code Groups)	10723	3094	28·85
Other Routine Inspections	..	..	..

TABLE II—*Continued.*

C.—DETAILS OF RE-EXAMINATION OF CHILDREN IN CODE GROUPS.

Defects or Diseases.	Had Treatment.	Not had Treatment.
Malnutrition	11	1
Uncleanliness, head	4	..
,, body	..	..
Skin—		
Ringworm, head	9	..
,, body	15	..
Scabies	8	..
Impetigo	73	5
Other Diseases (Non-Tubercular)	100	3
Eye—		
Blepharitis	38	..
Conjunctivitis	28	1
Keratitis	3	..
Corneal Ulcer	7	..
Corneal Opacities	3	..
Defective Vision	158	449
Squint	35	40
Other Conditions	18	3
Ear—		
Defective Hearing	37	5
Otitis Media	115	10
Other Ear Diseases	8	..
Nose and Throat—		
Enlarged Tonsils	138	76
Adenoids	66	11
Enlarged Tonsils and Adenoids	130	36
Other Conditions	83	11
Enlarged Cervical Glands (Non-Tubercular)	44	8
Defective Speech	2	..
Teeth—Dental Disease	439	369
Heart and Circulation—		
Heart Disease, Organic	11	5
,, ,, Functional	60	4
Anæmia	42	3
Lungs—		
Bronchitis	141	15
Other Non-Tubercular Diseases	14	..
Tuberculosis—		
Pulmonary, Definite	1	..
,, Suspected	5	..
Non-Pulmonary, Glands	7	..
,, Spine	..	..
,, Hip	2	..
,, Other Bones and Joints	2	..
,, Skin	..	..
,, Other Forms	4	..
Nervous System—		
Epilepsy	12	..
Chorea	12	..
Other Conditions	10	2
Deformities—		
Rickets	17	3
Spinal Curvature	5	..
Other Forms	12	1
Other Defects or Diseases	225	37
Delicate	263	90
Mentally Defective	3	2
Dull and Backward	6	2

Number of Children Re-Examined	3.228	
Had Treatment	2,204	= 68·28 per cent.
Not had Treatment	1,024	

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
ind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind....	5	4	9
		Attending Public Elementary Schools..................	..	..	..
		At other Institutions........	..	..	..
		At no School or Institution..	..	..	..
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind....	27	36	63
		Attending Public Elementary Schools..................	..	..	..
		At other Institutions........	..	..	..
		At no School or Institution..	..	..	..
eaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf....	25	14	39
		Attending Public Elementary Schools..................	..	..	..
		At other Institutions........	..	..	..
		At no School or Institution..	1	2	3
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf....	..	..	..
		Attending Public Elementary Schools..................	..	..	..
		At other Institutions	..	..	..
		At no School or Institution..	2	..	2
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children.................	2	1	3
		Attending Public Elementary Schools..................	49	24	73
		At other Institutions........	2	1	3
		At no School or Institution..	45	33	78
	Notified to the Local Control Authority during the year	Feeble-minded.............	1	3	4
		Imbeciles..................	8	3	11
		Moral Imbeciles	2	..	2
		Idiots.....................	..	..	..
Epileptics	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics......	7	4	11
		In Institutions other than Certified Special Schools....	..	..	..
		Attending Public Elementary Schools..................	10	9	19
		At no School or Institution..	19	13	32
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools..................	16	15	31
		At no School or Institution..	4	3	7

TABLE III—*Continued.*

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	13	12	25
		At other Institutions	..	..	..
		At no School or Institution	3	1	4
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	..	..	..
		At Certified Residential Open Air Schools	..	..	..
		At Certified Day Open Air Schools	..	..	..
		At Public Elementary Schools	10	6	16
		At other Institutions	..	..	..
		At no School or Institution	7	10	17
	Delicate children (*e.g.*, pre or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	..	..	..
		At Certified Day Open Air Schools	95	90	185
		At Public Elementary Schools	52	53	105
		At other Institutions	..	..	..
		At no School or Institution	19	30	49
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	1	4
		At Public Elementary Schools	1	8	9
		At other Institutions	..	..	..
		At no School or Institution	16	9	25
	Crippled Children (other than those with active tuberculous Disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools	16	14	30
		At Certified Day Cripple Schools	..	..	..
		At Public Elementary Schools	64	68	132
		At other Institutions	..	..	..
		At no School or Institution	33	27	60

TABLE IIIa.

MENTALLY DEFECTIVE CHILDREN EXAMINED DURING 1926 BY THE MEDICAL OFFICER.

	Boys.	Girls.	Total.
Idiots	2	2	4
Imbeciles	12	4	16
Mental Defectives	30	9	39
Dull and Backward	16	15	31
Moral Imbeciles	2	..	2
Encephalitis Lethargica	2	..	2
Found Normal	6	6	12
Total	70	36	106

Recommended for	Boys.	Girls.	Total.
Special Residential School for M.D.'s	1	..	1
,, Day School for M.D.'s	26	4	30
,, Resident Institution for M.D.'s	..	2	2
,, ,, ,, Idiots and Imbeciles	14	6	20
,, ,, ,, Moral Imbeciles	2	..	2
Resident Institution for Low-grade Feeble-minded	3	3	6
Residential School for Post Encephalitis Lethargica	1	..	1
Special Class for Dull and Backward	15	13	28
Industrial School	..	1	1
Ordinary School	8	7	15
Total	70	36	106

PHYSICALLY DEFECTIVE CHILDREN

(CRIPPLES, EPILEPTICS, ETC.).

	Boys.	Girls.	Total.
Epileptics (Definite or Suspected)	13	12	25
Cripples	3	..	3
,, with Tuberculosis (Lungs)	1	..	1
,, ,, (Non-Pulmonary)	8	6	14
Rickets	8	4	12
Spinal Curvature	1	1	2
,, ,, and Infantile Paralysis	..	1	1
Infantile Paralysis	..	5	5
Paralysis other than Infantile	4	1	5
Congenital Malformation	2	..	2
Delicate	1	..	1
Heart Disease	..	2	2
Deaf and Dumb	..	3	3
Deaf	2	1	3
Found Normal	..	1	1
Total	43	37	80

TABLE IIIa—*Continued.*

Recommended for	Boys.	Girls.	Total
Special Residential School for Epileptics	6	4	10
,, ,, ,, Cripples	..	1	1
,, Day Cripple School	20	14	34
Sanatorium School for Pulmonary Tuberculosis	1	..	1
,, ,, Surgical Tubercular Cases	1	..	1
Hospital School for Non-Pulmonary Tuberculosis	3	3	6
Day Open Air School	2	..	2
Unsuitable for any School	1	1	2
Deaf School	2	4	6
Ordinary School	7	10	17
Total	43	37	80

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1926.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.).

Disease or Defect.	Number of Defects Treated or under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm, Scalp	84	11	95
,, Body	104	16	120
Scabies	61	4	65
Impetigo	1118	113	1231
Other Skin Diseases	807	138	945
Minor Eye Defects (External and other, but excluding cases falling in Group II.).	706	113	819
Minor Ear Defects	526	122	648
Miscellaneous (Minor Injuries, Bruises, Sores, etc.).	437	93	530
Total	3843	610	4453

Group II.—Defective Vision and Squint, Excluding Minor Eye Defects Treated as Minor Ailments, Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
rrors of Refraction (including Squint)	714	..	..	714
ther Defects or Diseases of the Eyes (excluding those recorded in Group I.)	191	..	..	191
Total	905	..	..	905

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme	650
(*b*) Otherwise..	..

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme................................	628
(*b*) Otherwise..	..

Group III.—Treatment of Defects of Nose and Throat.

Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
312	151	463	342	805

GROUP IV.—DENTAL DEFECTS.

	Number of Children.	Total.
(1) Number of children who were:—		
(a) Inspected by the Dentist: Aged:		
Routine Age Groups, 5 years	..	
6 ,,	3,695	
7 ,,	2,456	
8 ,,	2 413	
9 ,,	1,694	
10 ,,	1,495	
11 ,,	1,733	
12 ,,	1,813	
13 ,,	1,484	
14 ,,	107	
		16,890
Specials		1,476
Grand Total		18,366
(b) Found to require treatment		9,732
(c) Actually treated		6,042
(d) Re-treated during the year as the result of periodical examination (included under (c) above)		842
(2) Half-days devoted to (a) Inspection	219	
(b) Treatment	980	
		1,199
(3) Attendances made by children for treatment		10,534
(4) Fillings (a) Permanent Teeth	4,350	
(b) Temporary Teeth	..	4,350
(5) Extractions (a) Permanent Teeth	729	
(b) Temporary Teeth	10,499	
		11,228
(6) Administrations of local anæsthetics for extractions		9,747
(7) Other operations (a) Permanent Teeth	1,096	
(b) Temporary Teeth	22	
		1,118

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per School made during the year by the School Nurses	3
(ii.) Total number of examinations of children in the Schools by the School Nurses	96,822
(iii.) Number of individual children found unclean	3,342
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	783
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	..
(b) Under School Attendance Byelaws	..

RESULTS OF TREATMENT OF DEFECTS OF CHILDREN DISCHARGED FROM CLINICS DURING 1926.

Defects or Diseases.	Remedied.	Improved.	No change or no report.	Total.	Percentage remedied.
alnutrition	13	6	1	20	65·00
ncleanliness, head	12	. .	. .	12	100·00
,, body	. .	. .	. .	. .	. .
in—					
Ringworm, head	72	. .	1	73	98·63
,, body	105	1	. .	106	99·05
Scabies	61	. .	. .	61	100·00
Impetigo	1164	. .	5	1169	99·57
Other Diseases— (Non-Tubercular)	876	3	3	882	99·32
e—					
Blepharitis	146	2	1	149	97·98
Conjunctivitis	237	2	2	241	98·34
Keratitis	27	3	1	31	87·09
Corneal Ulcer	15	1	. .	16	93·75
Corneal Opacities	4	5	. .	9	44·44
*Defective Vision	16	1	20	37	43·24
*Squint	27	4	12	43	62·79
Other Conditions	89	1	4	94	94·68
r—					
Defective Hearing	106	6	5	117	90·60
Otitis Media	354	4	4	362	97·79
Other Ear Diseases	43	. .	1	44	97·72
se and Throat—					
Enlarged Tonsils	171	9	43	223	76·68
Adenoids	107	5	14	126	84·92
Enlarged Tonsils and Adenoids	323	2	59	384	84·11
Other Conditions	248	5	4	257	96·49
larged Cervical Glands— (Non-Tubercular)	156	12	8	176	88·63
fective Speech	5	4	. .	9	55·55
eeth—Dental Disease	35	1	73	109	32·11
art and Circulation—					
Heart Disease, Organic	. .	32	7	39	. .
,, Functional	31	26	3	60	51·67
Anæmia	154	15	7	176	87·50

* These figures include cases coming under the notice of the School Doctor the Inspection Clinic, and do not include the great bulk of cases treated at the phthalmic and Dental Clinics.

Results of Treatment of Defects of Children Discharged from Clinics during 1926—*Continued.*

Defects or Diseases.	Remedied.	Improved.	No change or no report.	Total.	Percentage remedied.
Lungs—					
Bronchitis	373	40	20	433	86·14
Other Non-Tubercular Diseases	37	. .	4	41	90·24
Tuberculosis—					
Pulmonary, Definite	. .	. .	1	1	. .
,, Suspected	37	8	5	50	74·00
Non-Pulmonary, Glands	13	7	. .	20	65·00
,, Spine	1	. .	. .	1	100·00
,, Hip	. .	. .	. .	. .	. .
,, Other Bones and Joints	. .	1	. .	1	. .
,, Skin	4	2	2	8	50·00
,, Other Forms	8	3	2	13	61·53
Nervous System—					
Epilepsy	9	2	. .	11	81·82
Chorea	72	11	6	89	80·90
Other Conditions	31	11	6	48	64·58
Deformities—					
Rickets	12	9	6	27	44·44
Spinal Curvature	. .	. .	1	1	. .
Other Forms	4	10	2	16	25·00
Other Defects or Diseases	638	27	20	685	93·14
Delicate	190	32	14	236	80·51
Mentally Defective	. .	. .	1	1	. .
Dull and Backward	. .	3	1	4	. .
Total	6026	316	369	6711	89·79

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS SHOWN IN TABLE IV.

(GROUPS I., II., III. AND IV.)

Disease or Defect.	Number of children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	5742	3843	610	4453
Visual Defects	905	714	..	714
Defects of Nose and Throat.	1569	312	493	805
Dental Defects	9732	6042	..	6042
Other Defects	6349	1842	..	1842
Total	24297	12753	1103	13856

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1926.

(1) The total number of children medically inspected at the routine inspections	10723
(2) The number of children in (1) suffering from—	
Malnutrition	18
Skin Disease	278
Defective Vision (including Squint)	928
Eye Disease	136
Defective Hearing	38
Ear Disease	178
Nose and Throat Disease	687
Enlarged Cervical Glands (non-tubercular)	124
Defective Speech	..
Dental Disease	1033
Heart Disease—	
Organic	58
Functional	87
Anæmia	84
Lung Disease (non-tubercular)	311
Tuberculosis—	
Pulmonary, Definite	2
,, Suspected	15
Non-pulmonary	25
Disease of the Nervous System	71
Deformities	68
Other Defects and Diseases	1230
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	703
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	3800
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	2200

TABLE Ia.

NUMBER OF CHILDREN IN SECONDARY SCHOOLS INSPECTED DURING 1926.

A.—ROUTINE MEDICAL INSPECTION.

	Preparatory.	Entrants.		Intermediates.		Leavers.		Totals.
		12	13	14	15	16	17	
Boys	38	82	82	141	117	29	13	502
irls	322	202	298	216	190	86	78	1392
Total ...	360	284	380	357	307	115	91	1894

B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (*i.e.*, No. of Children re-examined).
Boys	..	149
Girls	..	330
Totals	..	479

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER WHETHER AS ROUTINE OR SPECIAL CASES.

(No child to be counted more than once in a year.)

umber of Individual Children Inspected 1894

TABLE IIa.

A.—ROUTINE INSPECTION OF SECONDARY SCHOOLS.

Defects or Diseases.	No. referred for Treatment.	No. requiring to be kept under observation.
Malnutrition	..	..
Uncleanliness, head	133	..
,, body	..	..
Skin—		
Ringworm, head	..	..
,, body	1	..
Scabies	..	..
Impetigo	2	..
Other Diseases (Non-Tubercular)	30	1
Eye—		
Blepharitis	4	..
Conjunctivitis	3	..
Keratitis	..	..
Corneal Ulcer	..	..
Corneal Opacities	1	..
Defective Vision	132	152
Squint	6	1
Other Conditions	1	..
Ear—		
Defective Hearing	11	4
Otitis Media	18	..
Other Ear Diseases	..	2
Nose and Throat—		
Enlarged Tonsils	25	12
Adenoids	6	5
Enlarged Tonsils and Adenoids	12	3
Other Conditions	6	..
Enlarged Cervical Glands (Non-Tubercular)	3	3
Defective Speech	1	..
Teeth—Dental Disease	254	..
Heart and Circulation—		
Heart Disease, Organic	18	12
,, ,, Functional	2	32
Anæmia	4	5
Lungs—		
Bronchitis	21	4
Other Non-Tubercular Diseases	1	..

TABLE IIa—*Continued.*

Defects or Diseases.	No. referred for Treatment.	No. requiring to be kept under observation.
Tuberculosis—		
Pulmonary, Definite	..	..
,, Suspected	4	1
Non-Pulmonary, Glands	2	1
,, Spine	..	..
,, Hip	..	..
,, Other Bones and Joints.	..	..
,, Skin	1	..
,, Other Forms	..	..
Nervous System—		
Epilepsy	1	2
Chorea	..	..
Other Conditions	5	6
Deformities—		
Rickets	..	..
Spinal Curvature	8	2
Other Forms	20	6
Other Defects or Diseases	63	25
Delicate	1	3
Mentally Defective	..	..
Dull and Backward	..	..
No. of Children Examined	1894	..
No. of Individual Children having Defects which required treatment or to be kept under Observation	588	239

TABLE IIa—*Continued.*

B.—DETAILS OF RE-EXAMINATION OF CHILDREN IN SECONDARY SCHOOLS.

Defects or Diseases.	Had Treatment.	Not had Treatment.
Malnutrition	..	..
Uncleanliness, head	77	..
,, body	..	..
Skin—		
Ringworm, head	..	..
,, body	1	..
Scabies	..	..
Impetigo	..	..
Other Diseases (Non-Tubercular)	6	..
Eye—		
Blepharitis	..	..
Conjunctivitis	..	..
Keratitis	..	..
Corneal Ulcer	..	..
Corneal Opacities	..	..
Defective Vision	85	30
Squint	..	..
Other Conditions	..	..
Ear—		
Defective Hearing	2	..
Otitis Media	7	..
Other Ear Disease	..	..
Nose and Throat—		
Enlarged Tonsils	5	11
Adenoids	..	2
Enlarged Tonsils and Adenoids	5	7
Other Conditions	1	1
Enlarged Cervical Glands (Non-Tubercular)	1	..
Teeth—		
Dental Disease	106	41
Heart and Circulation—		
Heart Disease, Organic	4	..
,, Functional	10	..
Anæmia	..	..
Lungs—		
Tuberculosis, Suspected	..	..
Bronchitis	3	..
Other Non-Tubercular Diseases	2	1
Tuberculosis (Non-Pulmonary)—		
Glands	1	..
Nervous System—		
Epilepsy	1	..
Chorea	..	..
Other Conditions	5	..
Deformities—		
Rickets	..	..
Spinal Curvature	2	..
Other Forms	5	1
Other Defects or Diseases	42	42

Number of Children Re-examined	479
,, Defects had Treatment	352
,, ,, not had Treatment	127

TABLE IIIa.

Table showing prevalence of Pediculosis in Secondary Schools where all the Pupils present were Examined.

	BOYS.					GIRLS.				
	No. Examined.	Heads.			Verminous bodies.	No. Examined.	Heads.			Verminous bodies.
		A.	B.	C.			A.	B.	C.	
(A) Aggregate Numbers..	502	481	12	..	..	1,392	1,269	112	11	..
(B) Percentages..	..	95·82	4·18	..	..	..	91·16	8·05	0·79	

TABLE S I.

Children Examined at the Inspection Centres by the Medical Inspectors.

	Boys.		Girls.		Total.
New Cases..................	4007	..	3918	..	7925
Re-examinations	5522	..	5611	..	11133
Total Examinations	9529	..	9529	..	19058

Children Examined by the Eye Specialist.

	Boys.		Girls.		Total.
Number examined	334	..	380	..	714
Spectacles prescribed for	303	..	347	..	650
,, supplied	307	..	321	..	628

TABLE S Ib.

Medical Examination of Teachers, Etc.

Teachers	10
Pupil Teacher	1
Bursars	26
Entrants to Secondary Schools	525
Other Special Examinations	144

TABLE S IIa.

CLASSIFICATION OF SPECIAL CASES.

EXAMINED BY THE MEDICAL INSPECTORS, AT THE INSPECTION CENTRES, DURING THE YEAR 1926.

	Boys.		Girls.		Total Examinations.
	1st Exam.	Re-examined.	1st Exam.	Re-examined.	
Number of cases examined	4007	5522	3918	5611	19058
Malnutrition	19	24	36	42	121
Cleanliness, head	2	..	16	14	32
,, body	1	1	1	1	4
Skin—					
Ringworm, head	53	96	42	115	306
,, body	54	94	65	145	358
Impetigo	655	852	576	719	2802
Scabies	38	63	30	72	203
Alopecia	38	85	50	101	274
Other Diseases	484	549	383	417	1833
Eye—					
Defective Vision and Squint	83	34	79	30	226
External Eye Disease	366	781	309	660	2116
Ear—					
Defective Hearing	79	79	63	73	294
Ear Disease	288	730	245	693	1956
Teeth—					
Dental Disease	130	25	144	16	315
Nose and Throat—					
Enlarged Tonsils	152	133	171	152	608
Adenoids	117	132	98	113	460
Enlarged Tonsils and Adenoids	275	246	262	238	1021
Tonsillitis	20	21	32	46	119
Rhinitis	20	28	17	17	82
Other Diseases	122	139	133	141	535
Defective Speech	31	22	3	3	59

TABLE S IIa—*Continued.*

CLASSIFICATION OF SPECIAL CASES—*Continued.*

	Boys.		Girls.		Tota Examinations.
	1st Exam.	Re-examined.	1st Exam.	Re-examined.	
Heart and Circulation—					
Organic Disease	79	144	101	192	516
Functional Disease	64	92	68	80	304
Anæmia	146	182	214	355	897
Lungs—					
Pulmonary Tuberculosis — Definite	7	8	9	5	29
Pulmonary Tuberculosis — Suspected	149	197	154	172	672
Chronic Bronchitis	408	700	359	610	2077
Other Disease	57	40	58	43	198
Nervous System—					
Epilepsy	18	37	26	35	116
Chorea	78	205	115	246	644
Mentally Defective	11	7	10	2	30
Other Disease	44	48	40	46	178
Non-Pulmonary Tuberculosis—					
Glands	24	43	20	30	117
Bones and Joints	9	24	3	6	42
Other Forms	19	37	12	15	83
Enlarged Cervical Glands (Non-Tubercular)	155	242	124	181	702
Delicate	227	356	304	435	1322
Rickets	42	36	25	37	140
Deformities	20	23	23	41	107
Other Defects or Diseases	440	539	559	736	2274
Dull and Backward	9	9	5	3	26
Abscess	34	44	29	49	156
Fit for School	7160	..	6831	..	13991

TABLE S IIIa.

BLIND, DEAF AND DEFECTIVE CHILDREN.

NEW CASES SENT TO SPECIAL SCHOOLS DURING 1926.

	Boys.	Girls.	Total.
To Royal Residential School for the Deaf	2	1	3
,, South Bank School for Partially Blind	1	3	4
,, Other Special Schools	5	3	8
TOTALS	8	7	15

TABLE S IIIb.

TOTAL NUMBER OF CHILDREN MAINTAINED IN INSTITUTIONS, AT THE PART COST OF THE COUNCIL, AS AT SEPTEMBER 30TH, 1926.

Name of Institution.	Boys.	Girls.	Total.
Henshaw's Institution for the Blind, Manchester . .	3	4	7
Catholic Blind Asylum, Liverpool	2	. .	2
Royal Residential Schools for the Deaf, Manchester.	19	13	32
Jews' Deaf and Dumb Home	2	. .	2
St. John's Institution for the Deaf and Dumb, Boston Spa	4	1	5
Soss Moss Epileptic Colony School	2	. .	2
Starnthwaite Epileptic Home	5	. .	5
Home for Epileptics, Maghull	. .	3	3
,, ,, Chalfont St. Peter	. .	1	1
Sandlebridge School for Feeble-minded	1	. .	1
Pontville School for Mental Defectives, Ormskirk.	1	. .	1
Allerton Priory School for Mental Defectives, Liverpool	. .	1	1
Greengate Dispensary (Grimké Ward)	15	14	29
Heatherwood Hospital, Ascot	3	1	4
Swinton House	1	. .	1
TOTALS	58	38	96

TABLE S V.

INSPECTION, TREATMENT, ETC., OF CHILDREN DURING 1926.

(1) The total number of children medically inspected (whether Code Group, special or ailing child)	18,648
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1,895
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	9,392
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	6,699

SECTION V.

Veterinary Inspector's Report

DISEASES OF ANIMALS ACTS.

Parasitic Mange.

One outbreak of this disease occurred during the year.

Out of a total number of six horses on the infected premises, one was affected with the disease and recovered under treatment.

The case was notified by the Veterinary Surgeon attending.

The work of disinfecting the stables, harness, etc., was carried out by the owner, and there has been no recurrence of the disease on these premises.

ANIMALS (TRANSIT AND GENERAL) ORDER, 1895.

Railway and Cattle Docks.

The Railway Cattle Docks and Sidings are visited daily, to observe whether the requirements of this Order are carried out.

The number of animals received into the City and forwarded out of the City during the past year are as follows:—

RECEIVED INTO THE CITY.

Cattle.	Sheep.	Pigs.	Calves.	Horses.
66,032	571,812	9,681	3,382	262

FORWARDED OUT OF THE CITY.

Cattle.	Sheep.	Pigs.	Calves.	Horses.
25,791	173,284	1,890	44	114

Special attention to the cleansing and disinfection of all cattle waggons has been given.

There were 35,261 waggons cleaned and disinfected at the Salford stations during the year.

Foot and Mouth Disease.

Foot and Mouth Disease Restrictions were in operation at the beginning of the year and continued until the 9th March. Again, on the 10th September, Salford was placed in an Infected Area, the restrictions on this occasion being removed on the 26th September.

During these periods the Salford Market was technically open for the sale of animals for immediate slaughter, but as the area from which animals could be received was purely local, the market was practically devoid of live stock.

One outbreak of Foot and Mouth Disease was discovered in a slaughterhouse in the City, the carcases of ten pigs being affected. At the same time, pigs from the same consignment as the affected ones were on the Cattle Sidings and several of these animals were also found to be affected.

The Ministry of Agriculture were at once notified of the existence of the disease, and one of their Inspectors stationed at the Port of Manchester confirmed the diagnosis the same day.

The diseased carcases were removed to the Corporation Destructor, and disinfection of the slaughterhouse and Cattle Sidings was proceeded with immediately all live stock had been examined and removed.

Tuberculosis Order of 1925.

This Order provides for the notification of certain types of tuberculosis. The permanent cow population of Salford is very low, and no tuberculous animals have been discovered in cowsheds in the City during the past year.

In addition, no action has been necessary as regards animals in the Cattle Market.

Cattle Market.

The Market has been visited and inspected each market day throughout the year, the number of animals exhibited for sale being :—

Cattle	34,147
Sheep	272,505
Dairy Cows	3,499
Total	**310,151**

The decrease in the number of animals exposed for sale in comparison with previous years is accounted for by the fact that Foot and Mouth Disease Restrictions were in operation from the beginning of the year until the 9th March and again from the 10th September until the 26th September.

Meat and Food Inspection.

SLAUGHTERHOUSES.

The inspection of meat is carried out under the Salford Byelaws, which came into force in advance of the Public Health (Meat) Regulations, 1924.

All condemned meat is removed to the Corporation Destructor.

There are seven private slaughterhouses in the City, all being licensed annually.

Three of these are used solely for the slaughtering of pigs, and all have been in use throughout the year.

The number of slaughterhouses in the City on the undermentioned dates was as follows :—

	In 1920.	In Jan., 1926.	In Dec., 1926.
Continuing Licence* ..	1 ..	1 ..	—
Annual Licence	9 ..	6 ..	7

The private slaughterhouses are generally kept in a clean condition.

---

* Under Section 116 of the Salford Corporation Act, 1862.

The number of visits made to these premises and the number of carcases inspected during the year was as follows:—

Number of Visits ..	2,301

CARCASES INSPECTED.

Cattle	2,458
Sheep	7,264
Pigs	13,672
Calves	394
Total	23,788

In addition to the private slaughterhouses, there are public slaughterhouses at the Cattle Market. The Public Slaughterhouses consist of six slaughtering booths. Two of these are rented, one by a butcher and one by a horse slaughterer; the remaining four are for general use. The management of the Public Slaughterhouses is under the jurisdiction of the Markets Committee.

These premises are visited daily.

The number of animals slaughtered during the year was:—

Cattle	411
Sheep	1,322
Pigs	—
Calves	394
Horses	327

TABLE OF MONTHLY SEIZURES OF DISEASED AND UNSOUND FOOD DISCOVERED DURING ROUTINE INSPECTION AND OF UNSOUND FOOD SURRENDERED BY THE OWNERS THEREOF.

Month.	No. of Seizures.	Beef.	Mutton.	Pork.	Veal.	Horse Flesh.	Tinned Food.	Mis-cellaneous.	Total.
		Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Tins.	Lbs.	Lbs.
January	74	45	90	3533	..	..	47	..	3668 (47 tins)
February	87	590	..	1762	..	..	..	..	2352
March	64	550	220	1524	..	800	51	..	3094 (51 tins).
April	73	1647	463	1443	2	..	..	8	3563
May	31	905	160	595	..	..	..	..	1660
June	50	2370	230	962	..	..	118	..	3562 (118 tins).
July	23	40	158	316	60	..	..	..	574
August	42	820	310	1200	..	..	69	..	2330 (69 tins).
September	59	1150	150	1440	..	..	..	..	2740
October	52	460	690	766	..	..	..	..	1916
November........	67	2140	770	777	..	1120	..	..	4807
December	53	582	460	633	..	..	..	..	1675
	675	11299	3701	14951	62	1920	285	8	31941 (285 tins).

UNSOUND FOOD—TABLE SHOWING PLACE OF SURRENDER OR SEIZURE.

Premises.	Beef.	Mutton.	Pork.	Veal.	Horse Flesh.	Tinned Foods.	Miscel-laneous.	No. of Seizures.	Total Weight.
	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Tins.	Lbs.		Lbs.
Public Slaughterhouse......	9327	3313	..	60	1920	..	..	124	14620
Private Slaughterhouse.....	1937	..	14044	..	..	..	..	521	15981
Retail Shop..............	35	298	187	2	..	..	8	20	530
Warehouse	..	..	..	..	..	285	..	4	.. (285 tins).
Railway Sidings	..	90	720	..	..	..	..	6	810
	11299	3701	14951	62	1920	285	8	675	31941 (285 tins).

Unsound Food Condemned for the following Causes

No. of Seizures.	Cause of Seizure.	Weight in Lbs.	Tins Food.
484	Tuberculosis	14,568	—
94	Asphyxia	5,713	—
29	Parasitic Affections	284	—
16	Emaciation and Dropsy	1,313	—
13	Foot and Mouth Disease	2,200	—
8	Decomposition	1,712	—
8	Jaundice	950	—
8	Unsound	50	285
6	Injury	3,525	—
4	Pleurisy	31	—
2	Septicæmia	1,180	—
2	Abscess	15	—
1	Pneumonia	400	—
675		31,941	285

Tuberculosis in Meat.

The following table is a summary of the various types of animals in which Tuberculosis was found :—

Description.	Total No. of Seizures.	Whole Carcases and Organs	Parts of Carcases (including head) and Organs	Organs Only.
Cows	14	10	2	2
Heifers and Bullocks	46	2	38	6
Pigs	424	27	344	53
Total	484	39	384	61

The following table shows the percentage of Pigs found to be affected with Tuberculosis during routine inspection of carcases since 1920 :—

Year.	Number Inspected.	Diseased.	Percentage.
920	6,925	260	3·75
921	11,111	512	4·6
922	14,809	824	5·5
923	13,015	606	4·6
924	18,742	931	4·9
925	15,684	697	4·4
926	13,672	424	3·1

Public Health (Meat) Regulations, 1924.

Stalls, Shops, Stores, Vehicles, etc.

STALLS.—There are only a very small number of stallholders selling meat in the City; the necessary coverings have been provided in all cases.

SHOPS.—No meat is exposed outside shops, but many of the shops still have the open window, which is not prohibited by these Regulations.

VEHICLES.—Generally, the vehicles and the coverings were found to be in a clean condition and quite satisfactory. After repeated warnings as to insufficient coverings for the meat, legal proceedings were instituted against a carrier who was fined £25 and the driver of the vehicle was fined £2.

Meat Marking.—There has been no request from the trade for the marking of meat.

Inspection of Premises where Food is Prepared.

Four hundred and seventy-two inspections of this class of business have been made throughout the year.

Strict supervision has been kept over all food-preparing places with a view to securing the cleanliness of premises, machines and utensils.

Imported Meat Regulations.

Special attention has been paid to the labelling of imported meat, and butchers' shops have been regularly inspected to observe whether this provision has been carried out.

During the past year it was found necessary to warn several traders of the non-labelling of imported meat, but subsequent observations kept on these shops proved that the labelling was being carried out satisfactorily.

MILK.

Dairy Inspection.

There are six cowkeepers in the City, who have 12 shippons with accommodation for 150 cows.

The number of cows kept averaged 75.

Thirty-nine inspections of these animals were made during the year, the number of cows individually examined being 672.

Dairies and Milkshops.

There are 824 dairies and milkshops in the City; hese include both wholesale and retail premises.

Six hundred and twenty-seven inspections of these remises have been made during the year.

On the whole, the general cleanliness of these premises as been satisfactory.

Milk Supply.

The Salford milk supply is practically all brought nto this area.

It will be observed that there are only, on the average, about 75 dairy cows in the City. The milk supply comes chiefly from Cheshire, Lancashire and Yorkshire.

The distribution of milk in Salford is carried out by:—

Large Depôts in the City;

Large Depôts in Manchester;

Small house-to-house retailers and retailers from outside districts.

There is also a comparatively large business in Sterilised Bottled Milk; a very small percentage of this milk is manufactured in the City.

Much of the milk sold by the larger firms is pasteurise during the summer, but is not sold under this designatio and therefore does not come under the Milk (Specia Designations) Order, 1923.

Most of the milk, other than sterilised bottled mill is sold in the old way, *i.e.*, by measure.

Licences Granted under the Milk (Special Designations) Order, 1923.

The number of licences granted under the above Orde were as follows :—

5 Supplementary Licences to retail Certified Milk

5 Licences to sell Pasteurised Milk.

The plant used in connection with the pasteurisatio of milk is the Tarbutt Retarder.

Tuberculous Milk.

During the year 1926, 329 samples of milk direc from farms were obtained at railway stations or dairie and examined for the presence of tubercle bacilli.

Twenty-two of these samples were reported t contain tubercle bacilli, this being a percentage of 6.6

The following table shows the district and number of samples obtained and the percentage of tuberculous milk from each district :

District.	Number of samples obtained and submitted for examination.	Number of samples found to contain Tubercle Bacilli.	Per cent Tuberculous.
Cheshire	157	14	8·9
Lancashire	152	7	4·6
Yorkshire	17	1	6·0
Staffordshire	1	..	..
Westmorland	1	..	..
Scotland	1	..	..
Total	329	22	6·68

The percentage of tuberculous samples discovered during previous years was as follows :—

1919.	1920.	1921.	1922.	1923.	1924.	1925.
8·3	7·2	6·7	5·08	8·63	8·7	8·75

The 22 tuberculous samples were direct farm samples, and the farms were visited and a total number of 472 cows examined.

On 18 farms, 20 cows were found affected with tuberculosis of the udder. In every case the clinical diagnosis was confirmed by bacteriological examination, and at the same time controlled samples of the milk from the remainder of the herd were obtained to prove that no cases had been overlooked.

On the remaining four farms no diseased cows were discovered, but information was obtained in every case that cows had been removed from the farm between the date of the taking of the sample and the date of the inspection visit.

It must be borne in mind, in connection with the taking of samples of milk for examination for the presence of tubercle bacilli, that it takes at least three weeks for the actual process, so that there is ample opportunity for a farmer to dispose of the affected cow during that period.

All cases discovered were reported to the local authority of the district concerned, and the animals were slaughtered by them under the provisions of the Tuberculosis Order, 1925.

SECTION VI.

City Analyst's Report.

CITY OF SALFORD.
Municipal Laboratory,
143, Regent Road,
Salford,

25th May, 1927.

To the Health Committee—
Mr. Chairman and Gentlemen,

I have the honour to present my Annual Report on the work carried out in the City Laboratories during the year 1926.

During the year, 3,208 samples have been submitted to me for analysis. Of these, 1,387 were taken in connection with the Sale of Food and Drugs Acts, while 1,821 were submitted by various Corporation Departments.

Of the 1,387 samples taken under the Sale of Food and Drugs Acts, 62, or 4·5 per cent were returned as adulterated.

In submitting this report, I should like to bring to your notice the valuable services rendered by your Inspector, and by the members of your Laboratory staff.

I have the honour to be, Gentlemen,

Your obedient servant,
H. H. BAGNALL,
City Analyst.

Samples taken under the Sale of Food and Drugs Act.

The total number of Foods and Drugs examined during the year was 1,387. The following table gives complete details concerning the various articles examined :—

TABLE 1.

SAMPLES.	Number Examined.	Number Adulterated.		Percentage of Adulteration.
		Preservatives Only.	Other ways.	
Milk	994	. .	25	2·5
Skimmed Milk	1	. .	. .	. .
Malted Milk	5	. .	2	40·0
Butter	49	. .	. .	. .
Margarine	20	. .	. .	. .
Lard	15	. .	. .	. .
Cheese	20	. .	. .	. .
Cheshire Cheese	5	. .	. .	. .
Stilton Cheese	1	. .	. .	. .
Canadian Cheese	2	. .	. .	. .
Cream	5	. .	. .	. .
Preserved Cream	8	. .	. .	. .
Lemon Cheese	4	. .	2	50·0
Lemon Curd	2	. .	2	100·0
Jam	9	. .	. .	. .
Ground Almonds	14	. .	. .	. .
Rice	2	. .	. .	. .
Ground Rice	5	. .	. .	. .
Custard Powder	3	. .	1	33·3
Baking Powder	2	. .	. .	. .
Egg Powder	1	. .	. .	. .
Cocoa	15	. .	1	6·6
Coffee	10	. .	. .	. .
Coffee and Chicory	3	. .	. .	. .
Sugar	1	. .	. .	. .
Tea	12	. .	3	25·0
Flour	5	. .	. .	. .
Eggs (New Laid)	6	. .	1	16·6
Eggs (Cold Store)	5	. .	. .	. .
Sausage	13	2	. .	15·4
Pepper	9	. .	. .	. .
Mustard	7	. .	. .	. .
Anchovies	1	. .	. .	. .
Fish Pastes	5	. .	. .	. .

TABLE 1—*Continued.*

SAMPLES.	Number Examined.	Number Adulterated.		Percentage of Adulteration.
		Preservatives only.	Other ways.	
Ham and Tongue Roll	1	. .	1	100·0
Chicken and Ham Roll	2	. .	2	100·0
Chicken Roll	4	. .	4	100·0
Salmon Roll	1	. .	. .	. .
Turkey and Tongue Paste	1	. .	. .	. .
Ham and Tongue Paste	1	. .	. .	. .
Meat Extract	1	. .	. .	. .
Malt Extract	1	. .	. .	. .
Cod Liver Oil and Malt Extract	3	. .	3	100·0
Toffee	7	. .	7	100·0
Apples	1	. .	. .	. .
Epsom Salts	20	. .	. .	. .
Glauber Salt	10	. .	. .	. .
Rochelle Salt	5	. .	. .	. .
Strong Iodine Tincture	6	. .	. .	. .
Weak Iodine Tincture	1	. .	. .	. .
Olive Oil	11	. .	1	9·1
Camphorated Oil	5	. .	. .	. .
Whiskey	6	. .	. .	. .
Turpentine	6	. .	. .	. .
Turpentine Solvent	1	. .	. .	. .
Honey	5	. .	. .	. .
Vinegar	4	. .	. .	. .
Zinc Ointment	5	. .	. .	. .
White Precipitate Ointment	5	. .	. .	. .
Seidlitz Powder	9	. .	4	44·4
Non-Alcoholic Wines	3	. .	. .	. .
Beef and Malt Wine	1	. .	1	100·0
"Wincarnis"	1	. .	. .	. .
Cod Liver Oil Emulsion	1	. .	. .	. .
	1387	2	60	4·47

The total number of samples is practically the same as that for last year and represents the purchase of 563 samples per 100,000 of the population. This is a greater number than is taken by most other local authorities. Of the total samples, 62, or 4·5 per cent were returned as adulterated. Comparative figures for adulteration in previous years are given in Table 2.

TABLE 2.

Comparative Percentage of Adulteration.

	1917	1918	1919	1920	1921	1922	1923	1924	1925	192
Percentage of Adulteration	1·2	4·0	8·8	6·3	8·7	5·6	6·9	4·3	7·7	4
Total Samples .	1,385	1,237	1,234	1,410	1,364	1,452	1,388	1,544	1,396	1,38
Formal Samples	433	858	657	807	623	653	644	775	752	76
Informal ,,	952	379	577	603	741	799	744	769	644	62
No. of Samples per 100,000 persons	648	591	546	599	570	607	577	641	572	56

The samples may be divided into two sections, "Formal" and "Informal" samples. "Formal" samples are those which are taken in accordance with the Sale of Food and Drugs Acts, section 14, which reads: "The person purchasing any article with the intention of submitting the same for analysis shall .... forthwith notify the seller .... his intention to have the same analysed by the Public Analyst, and shall divide the sample into three parts .... and shall deliver one of the parts to the seller."

"Informal" samples are those in connection with which the formalities of the Act are not complied with, and in general, the seller has no knowledge that the taking of the sample is for official purposes. No legal action under the Sale of Food and Drugs Acts can follow the taking of an "Informal" sample.

The taking of "Informal" samples is a valuable method of enquiry into the food supply of the City, and for finding out at what shops it would be profitable to take "Formal" samples with a view to legal proceedings. The time and trouble required for the taking of an "Informal" sample are much less than those required for the taking of a "Formal" sample, and no annoyance is caused to honest shopkeepers, whose chief objections to the taking of samples are that the Inspector takes up their time and counter space for the division of samples, and that his action excites curiosity on the part of the customers.

A memorandum sent out by the Local Government Board (now the Ministry of Health) in December, 1914, contained the following words: "The Board understand that, with a view to preliminary investigation, 'Informal' samples have been collected in some districts for examination, by rough sorting methods only, by the Public Analyst or by some other person." This and similar statements have given rise in some quarters to the idea that "Informal" samples need less care and trouble bestowed upon them than "Formal" samples. The phrase, "by rough sorting methods," may be variously interpreted, but it is now a generally acknowledged fact that the days of rough sorting methods are over, and that the advent of the scientific food faker has made it necessary for analysts to study carefully all samples submitted to them. The results obtained "by rough sorting methods" . . . . "by some other person" may actually do harm by indicating purity where it does not exist.

In this laboratory, and, in fact, in all public laboratories of which the writer has any knowledge, as much time and care are spent upon informal samples as upon formal ones; indeed it may happen that where some particularly ingenious adulteration has been practised, practically all the work is done on the informal sample, when, with the knowledge so gained, the analysis of the subsequent formal sample will be a comparatively simple matter.

Milk.

Nine hundred and ninety-four samples of milk have been examined during the year, of which 25 or 2·5 per cent have been returned as adulterated. This figure is the best obtained since 1917, when it was 2·4 per cent. During the last two quarters of the year the quality of the milk was exceptionally good, only four samples out of 465 being adulterated. Table 3 gives the percentage of adulteration of milk for the past twelve years. The average composition of milk taken during the year will be found in Tables 4, 5 and 6. Table 4 gives the composition of the whole of the milk samples taken. Table 5 gives the composition of the "station" milks, that is, the milk delivered by farmers, while Table 6 gives the composition of milks retailed in the City.

The number of samples includes 36 taken at Ladywell Sanatorium, 12 taken at the Maternity Home, 54 at Hope Hospital, and two at the Open-air School. The milk received by these institutions is supplied in bulk in sealed cans, and under the contract must be of Grade A. quality and contain at least 3·25 per cent of fat. On one occasion during the month of June the fat content in the samples taken at the Maternity Home and Ladywell Sanatorium fell below this limit. The contractor was communicated with, and expressed surprise at the information. He explained later that the farmer who supplied this particular milk put the poor fat content down to the great increase in yield that his cows had given during the preceding few weeks since they had been in the fields. This explanation did not seem particularly satisfactory, but the farmer promised to do his best to effect an improvement, and as a matter of fact, samples taken a fortnight later proved to be of good quality and have continued to be so.

TABLE 3.—ADULTERATION OF MILK.

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Number of Samples	386	539	865	829	981	899	923	779	833	921	994
Percentage of Adulteration .	10·1	2·4	3·1	7·1	7·2	8·9	5·3	5·4	2·6	4·7	2·5

TABLE 4.

AVERAGE COMPOSITION OF ALL MILKS, 1926.

Month.	Number of Samples.	Total Solids per cent.		Fat per cent.		Solids not fat per cent.	
January	89	12·30	12·44	3·58	3·59	8·72	8·85
February	101		12·27		3·60		8·67
March	96		12·23		3·57		8·66
April	86	12·46	12·26	3·58	3·42	8·88	8·84
May	52		12·82		3·86		8·96
June	105		12·44		3·57		8·87
July	72	12·32	12·26	3·60	3·54	8·72	8·72
August	72		12·27		3·54		8·73
September	68		12·44		3·74		8·70
October	84	12·60	12·61	3·72	3·79	8·88	8·82
November......	96		12·56		3·69		8·87
December	73		12·63		3·69		8·94
TOTAL	994		12·42		3·62		8·80

TABLE 5.

Average Composition of Station Milks, 1926.

Month.	Number of Samples.	Total Solids per cent.		Fat per cent.		Solids not fat per cent.	
January	17	12·22	12·18	3·54	3·48	8·68	8·70
February	18		12·27		3·55		8·72
March	32		12·21		3·60		8·61
April	10	12·43	12·13	3·57	3·31	8·86	8·82
May	12		12·41		3·45		8·96
June	29		12·55		3·72		8·83
July	16	12·40	12·23	3·72	3·60	8·68	8·63
August	24		12·25		3·59		8·66
September	29		12·61		3·91		8·70
October	2	12·58	12·80	3·70	3·90	8·88	8·90
November	18		12·66		3·82		8·84
December	17		12·48		3·55		8·93
Total	224		12·39		3·62		8·77

TABLE 6.

Average Composition of Milks other than Station Milks, 1926.

Month.	Number of Samples.	Total Solids per cent.		Fat per cent.		Solids not fat per cent.	
January	72	12·34	12·50	3·59	3·61	8·75	8·89
February	83		12·27		3·61		8·66
March	64		12·26		3·55		8·71
April	76	12·48	12·30	3·58	3·44	8·90	8·86
May	40		12·95		3·99		8·96
June	76		12·40		3·51		8·89
July	56	12·29	12·30	3·52	3·49	8·77	8·81
August	48		12·30		3·50		8·80
September	39		12·28		3·58		8·70
October	82	12·53	12·43	3·68	3·69	8·85	8·74
November	78		12·47		3·56		8·91
December	56		12·78		3·84		8·94
Total	770		12·43		3·62		8·81

Table 7 gives the average composition of the whole of the samples taken in Salford for the past twelve years. For the purpose of comparison the average results given in the annual reports of a few other authorities are given, together with the figures obtained by Richmond from the analysis of thousands of samples for the Aylesbury Dairy Company.

TABLE 7.

Place.	Number of Samples.	Total Solids per cent.	Fat per cent.	Solids not fat per cent.
Salford 1915	435	12·62	3·78	8·84
1916	386	12·41	3·61	8·80
1917	539	12·69	3·81	8·88
1918	863	12·40	3·63	8·77
1919	837	12·44	3·66	8·78
1920	1000	12·39	3·53	8·86
1921	899	12·53	3·59	8·94
1922	932	12·41	3·61	8·86
1923	779	12·54	3·61	8·92
1924	833	12·41	3·61	8·80
1925	921	12·45	3·58	8·87
1926	994	12·43	3·63	8·80
Birmingham....1926	2660	12·40	3·65	8·75
Lancashire 1925	2958	12·54	3·62	8·92
Kent 1924	1360	12·73	3·88	8·85
Richmond's Figures 1910	19807	12·62	3·73	8·89
1916	14286	12·67	3·82	8·85

The above figures show that the chemical composition of the milk sold in Salford is satisfactory and that it compares quite favourably with that sold in other districts. It should be remembered in this connection that these averages, at least so far as Salford is concerned, do not give an altogether true account of the state of affairs. A number of milk samples may be taken from one vendor, the quality of whose milk has been found to be suspiciously low. These samples will, of course, affect the final averages, and that figure will on this account be lower than it otherwise would be.

Table 8 contains a list of the samples of milk found to be adulterated, together with the action taken in regard to each sample.

TABLE 8.

No. of Sample.	Nature of Adulteration.	Action taken.	Remarks.
6102	Deficient 6·7% fat.	No action.	Subsequent sample genuine
6172	Deficient 9·4% solids-not-fat.	Fined £6 in all with £1 12s. costs.	Samples 6192, 6193 taken by Cheshire authorities.
6173	Deficient 7·1% solids-not-fat.		
6192	Deficient 9·4% solids-not-fat.		
6193	Deficient 3·5% solids-not-fat.		
6182	Deficient 4·7% solids-not-fat.	Fined £2.	Shopkeeper.
6281	Deficient 6·7% fat.	No action.	Farmer supplying kept under observation.
6302	Deficient 9·4% solids-not-fat.	Fined £15 on each of 2 samples—£30 in all.	Farmer.
6303	Deficient 9·4% solids-not-fat.		
6304	Deficient 9·4% solids-not-fat.		
6305	Deficient 8·2% solids-not-fat.		
6350	Deficient 13·3% fat.	Vendor and wholesaler cautioned.	
6519	Deficient 10·0% fat.	Cautioned.	Deficiency possibly due to very unequal milking intervals.
6525	Deficient 10·0% fat.		
6537	Deficient 60·0% fat.	Cautioned.	Shopkeeper. Formal sample unobtainable owing to strike.
6682	Deficient 5·0% fat.		Samples 6720, 6721 taken from farmer supplying 6682, 6706.
6706	Deficient 13·3% fat.		
6712	Deficient 10·0% fat.		
6720	Deficient 11·6% fat.	Fined £3 in each case—£6 in all.	
6721	Deficient 10·0% fat.		
6722	Deficient 6·7% fat.	No action.	From shop supplied by same farmer.
6748	Deficient 4·7% solids-not-fat.	Caution.	Shopkeeper. Subsequent samples genuine.
6941	Deficient 14·0% solids-not-fat	Fined £5.	Shopkeeper.
7075	Deficient 6·7% fat.	Caution.	Subsequent samples genuine.
7394	Deficient 10·0% fat.	Caution.	Deficiency probably due to lack of mixing.

Sample No. 6102 was obtained from a small shopkeeper. The supply was kept under observation, but subsequent samples proved to be genuine.

Samples Nos. 6172 and 6173 were taken from a farmer's cans as the latter were brought into the dairy of a local vendor. The place of delivery in this case was where the milk was picked up by the local vendor in Cheshire and samples could not therefore be taken by your Inspector.

In these circumstances the new Milk and Dairies Consolidation Act, 1915, which came into force on the first of September, 1925, was put into operation. Section 8, sub-section 3 reads: "The Medical Officer of Health, or any other officer authorised for the purpose by a local authority within the area of which milk from any dairy situate outside that area is being sold, or exposed or kept for sale, may, by notice in writing, require the Medical Officer of Health, or other authorized officer of any other local authority, being an authority for the purposes of the Sale of Food and Drugs Acts, 1875 to 1907, to take samples of milk from that dairy or in the course of transit from that dairy to the area of the first mentioned local authority." Part of sub-section 4 of the same section reads: "For the purposes of the Sale of Food and Drugs Acts, the samples shall be deemed to have been taken within the area of the officer who gave the notice."

The Inspector to the County of Chester was asked to take samples on behalf of your Inspector. These counted as having been taken by your Inspector and were numbered 6192 and 6193. Subsequently an appeal to cow sample was taken, which proved to be of good quality. Legal proceedings were instituted and the farmer was fined £3 on each of the two samples—£6 in all, together with £1 12s. costs.

Sample No. 6182 was taken from a local shopkeeper. Samples taken from the wholesale dealer supplying him, and from the farmer supplying the wholesaler were found to be genuine. Legal proceedings were instituted and the vendor was fined £2.

Sample No. 6281 was taken from a local shopkeeper. Samples taken from the farmer supplying the vendor were found to be genuine, but were under suspicion since the evening milk contained much less fat than the morning milk, contrary to the usual result. No action was taken against the vendor and although the farmer's supply was kept under observation, no adulterated samples were taken.

Samples Nos. 6302 to 6305 were samples of a farmer's milk, Nos. 6302 and 6304 being informal. An appeal to cow sample was taken in the usual way and proved to be of excellent quality. The farmer suggested that the water had obtained entrance into the churns through his habit of cooling them in a trough of water, but your Inspector pointed out that in this case the churns would have gone to the bottom of the trough and been swamped. It seemed much more likely that a measured amount of water had been added, since the composition of all four milks was practically the same. Legal proceedings were instituted against the farmer in respect of samples 6303 and 6305 and he was fined £15 in each of the two cases—£30 in all.

Sample No. 6350 was taken from a dandy owned by a local shopkeeper and subsequent samples were taken from the wholesale dealer and the farmer supplying him.

All these were found to be genuine. It appeared that the vendor had been in the habit of fetching his milk from the station the morning after it had been collected by the wholesale dealer, who in the meantime kept it at his own premises, and subsequently took it to the station again to allow the vendor to fetch it himself. This very curious arrangement seemed to throw a certain amount of suspicion on the vendor, especially in view of the fact that the wholesaler actually passed his shop on the way to his own premises. In view, however, of the difficulty in apportioning the blame between the vendor and the wholesaler, a strong cautionary letter was sent to the former by the Medical Officer of Health and the wholesale dealer was also warned.

Samples Nos. 6519 and 6525 were taken at the station after complaint had been made by a wholesale dealer. They were taken on successive days, and samples taken from two other churns of the same farmer's milk, which arrived at the same time, were all four genuine. Owing to the outbreak of the general strike, it was impossible to follow this case up at the time, but, after the strike, three more samples were taken, all of which were genuine. Each time samples were taken, however, the difference between the fat content of the morning milk and the evening milk was abnormally great (about 0·7 per cent), and the morning fat was consequently lower than it should have been. This might be accounted for by very unequal intervals between the milkings, and a letter was written to the farmer asking for particulars of his times of milking, and also of any details regarding feeding which might be useful in arriving at a conclusion in the matter. He was also warned that a repetition of the offence might render him liable to a prosecution under the Sale of Food and Drugs Acts. In his reply, the farmer stated that his morning milking commenced at 6.30, and his afternoon milking at 4.45. It was pointed out to him that this meant 10¼ hours between the morning and afternoon milkings and 13¾ hours between the afternoon and morning milkings, and he was advised that by making these intervals more equal, the quality of the milk from the morning milking would be improved.

Sample No. 6537 was taken from a shop informally during the strike, and there is a possibility that the vendor was taking advantage of the abnormal conditions to do a little dishonest business. He was strongly cautioned by your Inspector that the milk must be sold as skimmed milk only, and a watch was kept on him to see that no further irregularities occurred.

Samples Nos. 6682 and 6706 were taken from shops supplied by a large wholesaler. A subsequent sample taken from the latter proved to be genuine, but he himself complained of the quality of the milk supplied to him by one of his farmers. A sample was taken of the latter's milk at Victoria Station, and proved to contain 3·0 per cent fat, the legal presumptive limit. A day or two later an informal sample, No. 6712, was taken at the station and this contained only 2·7 per cent fat. On account of this, two more samples were taken, numbers 6720 and 6721, which were 11·6 and 10 per cent deficient in fat respectively.

The next day a visit was paid to the farm.

The farmer was at first reluctant to let the inspector and the writer see his dairy. Finally, admittance was obtained and it was seen to contain about 20 lbs. of butter and about 2 quarts of cream, making it sufficiently evident why the milk at the station had been deficient in fat. The milking of the cows, of which there were ten in milk, was watched, but while cooling the farmer mixed the milk with some of the morning's milk and collected the remainder in two small cans, necessitating the taking of three samples. These three on analysis proved to contain 3·2, 3·0 and 2·95 per cent of fat, respectively, which results seemed suspiciously low considering the excellent condition of the cows. Accordingly, the next day, your Inspector visited the farm again, taking with him a milker. The farmer, by his attitude, showed how unwelcome these two gentlemen were, but finally a sample of the milk of all the cows was obtained, which on analysis gave the much better figure of 3·5 for the percentage of fat. The low results given by the first three farm samples were, of course, due to the fact that the cows had not been milked out. Legal proceedings instituted against the farmer resulted in a fine of £3 being imposed in respect of each of the two samples—£6 in all.

Sample No. 6722 was taken from a shop supplied by the farmer mentioned above, on the same day on which the farm visit was paid, showing that the partly skimmed milk was still being supplied. No action, of course, was taken against the shopkeeper.

Sample No. 6748 was bought from a shop and proved to be deficient of solids-not-fat, to the extent of 4·7 per cent. A subsequent sample taken two days later proved to be genuine. The vendor was cautioned.

Sample No. 6941 was taken from a shop, and samples taken at the same time from the wholesaler and the farmer supplying him were all genuine. There being no obvious explanation of the deficiency the shopkeeper was prosecuted and fined £5.

Sample No. 7075 was taken from a shop, and was a sample of the previous day's milk. The vendor was cautioned, and a sample taken a week later was found to be of good quality.

Sample 7394 was taken from a shop, a sample containing only 2·9 per cent of fat having been taken the previous day. Upon enquiry being made, it appeared that three or four gallons of milk were taken off the top of a sixteen gallon can at the station by the wholesaler supplying the shop, without any previous mixing, and that the remaining twelve gallons were taken to the shop. This was, no doubt, the cause of the deficiency of the shop samples in fat.

A cautionary letter was sent to the wholesaler pointing out that it was unreasonable to sell milk that might have stood some time in the train without mixing. His attention was also called to the Milk and Dairies Order, 1926, section 31, which reads :—" No person shall open any churn, vessel, or other receptacle containing milk, or transfer milk from one receptacle to another in any railway van or on any railway station." The retailer was also warned that he was responsible for the milk he sold.

Table 9 contains a list of samples, other than milk, found to be adulterated, together with the action taken in regard to each sample.

TABLE 9.

No. of Sample.	Description.	Nature of Adulteration.	Remarks.
6106	Toffee.	Contained 6·0% coconut oil.	Manufacturers agreed to withdraw advertisements
6124	Toffee.	Contained 5·0% coconut oil.	
6249	Toffee.	Contained 9·0% coconut oil.	
6319	Toffee.	Contained 10·0% coconut oil.	
6332	Cod Liver Oil and Malt Extract.	Contained 33·0% hardened oil.	See 6404 and 6647.
6343	Lemon Curd.	Deficient in egg solids and contained glucose syrup.	No action in view of difficulties of undertaking a prosecution.
6344	Lemon Curd.		
6345	Lemon Cheese.		
6346	Lemon Cheese.		
6351	Malted Milk.	Contained 10% starch and 54% cane sugar.	Vendor unable to be found. Retailer warned.
6404	Cod Liver Oil and Malt Extract	Contained 33% hardened oil.	See 6647.
6413	Custard Powder.	Contained less than 5% egg.	Makers agreed to alter label.
6628	Cocoa.	Contained 1/25 grain arsenious oxide per pound.	Formal sample genuine. Stock exhausted.
6535	Ham and Tongue Roll.	Meat consisted of pork.	Informal. See 6847.
6536	Chicken Roll.	Meat consisted of pork.	Informal. See 6847.
6647	Cod Liver Oil and Malt Extract	Contained 28% hardened oil.	Label altered.
6678	Ham and Chicken Roll.	Contained little or no chicken meat.	Informal. See 6944.
6679	Ham and Chicken Roll.	Meat consisted of beef.	Informal. See 6821.
6688	Olive Oil.	Contained small amount foreign oil.	No action. Amount too small for identification.
6731	Beef and Malt Wine.	Deficient in meat and malt extracts. Contained no wine.	Fined £5 and £21 costs after appeal to High Court.
6821	Chicken and Ham Roll.	Meat consisted of beef.	Fined £10 and £2 2s. costs.
6847	Chicken Roll.	Meat consisted of pork.	Fined 5s.

TABLE 9—(Continued).

No. of Sample.	Description.	Nature of Adulteration.	Remarks.
6916	Sausage.	Contained formaldehyde.	Informal. See 7010.
6944	Chicken and Ham Roll.	Contained little or no chicken.	Manufacturers agreed to alter label.
7005	Toffee.	Contained only 1·5% butter fat.	Informal. See 7275.
7010	Sausage.	Contained ·002% formaldehyde.	Fined £1.
7027	Seidlitz Powder.	Blue paper contained only 20·7% bi-carbonate.	Cautioned.
7029	Double Strong Seidlitz Powder.	Blue paper contained only 78·4% Rochelle salt.	Cautioned.
7030	Double Strong Seidlitz Powder,	Blue paper contained only 78·4% Rochelle salt.	Cautioned.
7041	Extra Strong Seidlitz Powder.	White paper deficient 42% in weight.	Cautioned.
7210	New Laid Eggs.	Consisted of imported eggs.	Fined £3.
7247	Toffee.	Contained only 5% butter fat.	Advertisement withdrawn.
7275	Toffee.	Contained only 1·5% butter fat.	Advertisement withdrawn.
7324	Tea.	Contained 8 gns./pound iron filings and 20% dust.	Wholesaler supplying retail shop fined £5.
7338	Tea.	Contained 8 gns./pound iron filings and 12% dust.	
7369	Tea.	Contained 8 gns./pound iron filings and 20% dust.	Retail shop.

Butter and Margarine.

Forty-nine samples of butter have been examined during the year, all of which have been found to be genuine. The percentage of water has varied from 7·0 per cent to 14·3 per cent, and the Reichert—Wollny number of the fat from 24·0 to 31·2. All the samples were examined for boron preservative and this was detected in only one case, the amount being 0·35 per cent. Butter must be made entirely from the milk of the cow, and must not contain more than 16 per cent of water. According to the new Regulations governing the use of preservatives in food, which came into force on the first of January, 1927, no preservative will be allowed in butter after the first of January, 1928. This regulation will, of course, override the recommendation of the Departmental Committee on Preservatives in Food, 1901, to the effect that boric acid or borax should be allowed up to a maximum of 0·5 per cent, calculated as boric acid.

Twenty samples of margarine have been examined and none of them were adulterated.

Lard and Cheese.

The fifteen samples of lard have all been returned as genuine. Twenty samples sold as cheese were examined and all passed as genuine. The fat was, in each case, milk fat, and was present in amounts varying from 23 per cent to 43 per cent. It is unsatisfactory that two articles with such widely differing composition should both be sold as cheese, but there are great difficulties in the way of taking legal proceedings under present conditions.

Two samples of Canadian and one of Stilton cheese were genuine, containing 45 per cent, 42 per cent, and 45 per cent fat respectively.

Five samples of Cheshire cheese were also genuine, and contained from 34 per cent to 42 per cent of fat. It is interesting to note that the Cheshire Farmers' Union has lately adopted a standard of 45 per cent, calculated on the dry cheese, for genuine Cheshire cheese. The Cheshire Cheese Federation is establishing a registration scheme and a trade mark, aiming at giving confidence to consumers that cheese bearing the trade mark will be genuine Cheshire cheese, with the assurance of cleanliness in the manufacturing conditions.

Flour.

Five samples of flour were all genuine, and contained no persulphate as "improver." A report has recently been issued by the Departmental Committee on the treatment of flour with chemical substances, the main recommendations of which are as follows :—

It is not prepared to recommend the complete elimination of the bleaching agents and improvers now in use, but rather to limit the use of the substances to those which appear to be the least objectionable, among which acid calcium and ammonium phosphates, persulphates, and nitrogen peroxide are included. Chlorine and benzoyl peroxide are regarded as undesirable substances. The committee was also of the opinion that "it should be compulsory for the manufacturers of chemical substances for use either as bleaching agents or improvers to declare to their purchasers the nature of the contained ingredients, and that millers should be required to inform their customers whether the flour has undergone a process of chemical bleaching or improving, or both, and, if so, with what substances and in what proportions." This seems to be a step in the right direction, and it is hoped that legal sanction will ultimately be given to these recommendations. There is obviously plenty of room for improvement even if this were done.

Toffee.

Seven samples of toffee have been taken during the year, and all of them have been classified as adulterated.

In each case an advertisement has appeared in various daily papers purporting to give the purchasers some idea of the composition of the toffee, and in every case it was found that for one reason or another such description was unjustifiable and misleading.

Samples Nos. 6106 and 6319 were two samples of the same make of toffee. The advertisement which appeared in connection with this contained the statement, "Sixpence for a delightful concord of pure cane sugar, full cream milk, and fresh Irish butter, sixpence for a quarter pound of three fine body building foods." This seemed to have the definite meaning that the toffee was made solely from the three ingredients mentioned. As a matter of fact, the fat in both samples contained 50 per cent coconut oil.

Samples No. 6124 and 6249 were two samples of another make, and the advertisement in this case stated that, "This toffee is made of full cream milk, farm butter and pure cane sugar." The fat in both these samples contained over 60 per cent coconut oil.

That a substitute for butter, the fat of which consists of only one third butter fat, and two thirds margarine, should be described in this way is obviously most improper.

The manufacturers of both the toffees were approached, and both agreed to leave out the offending matter from their advertisements.

Samples 7005 and 7275 were informal and formal samples respectively of a toffee which was described in the following way :—" The wonderful melts-in-the-mouth flavour is the direct result of using only those ingredients which should go to the making of the best toffee—eggs, butter, cream, milk and sugar." The ordinary purchaser would imagine from this statement that the article was made from these ingredients only, whereas my analysis showed that it contained only 1·5 per cent butter fat, which, of course, included that derived from the butter, milk and cream. The percentage of protein found showed that eggs, butter, cream, and milk, if present at all, were present in extremely small quantities. In addition, the toffee contained 35 per cent of glucose syrup. The manufacturers were communicated with and asked to withdraw their advertisement, but their reply was unsatisfactory, and after a good deal of correspondence very little progress had been made. Finally, a formal sample was taken on delivery from one of the firm's vans. This had the same composition as the informal sample. It was not considered desirable at the moment to take the case to court, but it is satisfactory to note that the advertisement has not since appeared, and the object aimed at would therefore seem to have been achieved.

Sample 7247 was advertised in a number of papers and the claim made that "You can taste the butter in it." This would lead the purchaser to suppose that it contained a large amount of butter, but as a matter of fact there was only about 5 per cent. This made their statement ridiculous. The firm was communicated with, and in an interview with the managing director a promise was made that the statement should not be used in any future advertisement.

Cod Liver Oil and Malt Extract.

The three samples of cod liver oil and malt were from the same source and were sold under a proprietary name. The original description and advertisements in connection with this article stated that "the vitamin qualities are fully retained" and that the oil was "robbed of its oily taste and fishy smell," and "all its wonderful qualities retained and reinforced." It was also stated definitely that it *contained* cod liver oil. Upon examination of sample number 6332, it was found that it did not contain unchanged cod liver oil, but about 30 per cent of hardened and deodorised oil, and it seemed extremely likely that the virtue of the oil, especially the vitamin content, would largely be destroyed in the process of hardening. Subsequently the formal sample number 6404 was taken, and part of the sample was sent to a well-known investigator on the subject of vitamins, who was kind enough to undertake to carry out feeding tests over a period of three weeks, in order to find out its value as a vitamin-containing food. Owing to an unfortunate series of accidents, the results from this test were not conclusive enough to justify any action being taken, although it seemed very likely that the vitamins had been to a large extent inactivated.

About this time the wording of the advertisement was altered, and instead of declaring the vitamins to be fully retained, merely stated that the preparation was "rich in vitamins," and that it was *prepared from* cod liver oil.

Owing to the failure of the first series of feeding tests, the same investigator was kind enough to undertake a fresh series of tests, and accordingly a further sample, number 6647, was taken and sent to him. The report received three weeks later indicated that both the growth promoting vitamin "(A)" and the anti-rachitic vitamin "(D)" were present. Although the oil contained in the preparation was not equivalent in value, as far as these vitamins were concerned, to ordinary untreated cod liver oil, yet the results obtained showed it to be about twice as rich in these bodies as an average sample of butter, which, next to cod liver oil, is one of the most valuable sources of vitamin "A" we possess. It can therefore be safely stated, as the advertisement in connection with this preparation declared, that it was "rich in vitamins." This preparation, although far inferior to the liquid preparation in vitamin content, would probably be preferred by many people on account of its pleasant taste and smell. In view of the results obtained, and of the much more guarded statements now made in the advertisements on the labels, it was considered inadvisable to prosecute the manufacturers, for it would have been impossible to deny either that it was "made from cod liver oil" or that it was "rich in vitamins." It should be emphasised, however, that the preparation is very much inferior in value to the cheaper and perhaps less pleasant tasting liquid preparations.

Beef and Malt Wine.

This sample, number 6731, was labelled, "Extract of Meat and Malt Wine," and "Guaranteed prepared from Liebig's extract of meat. This wine will be found invaluable as a stimulant to digestion, a tonic and a food. Non Alcoholic." Upon examination, this "wine" was found to consist of a solution of invert and cane sugars in water with 2·4 per cent of other extractive matter, which contained not more than, and probably much less than, 2 per cent of a mixture of equal parts of meat and malt extract. The sample was certified as adulterated, since the writer contended that a genuine meat and malt wine should contain at least 5 per cent of the mixed extracts, and should be made with genuine wine, whereas this contained no alcohol whatever. It was sold retail at 4s. 6d. per bottle, and it was estimated that the whole article, including the bottle, was worth about sixpence. The proprietor of the firm manufacturing this preparation was discovered to be the same person who was fined in April, 1923, for selling what was practically nothing else but a mixture of sugar and water as "Liebig's meat and malt wine," and again in 1925 for the sale of a solution in water of sugar, containing an infinitesimal amount of quinine sulphate, as "Liebig's Invalid Wine."

Legal proceedings were instituted against the vendor under section 6 of the Sale of Food and Drugs Acts, and against the manufacturers for aiding and abetting.

Your Analyst was supported by the Analyst for the County of Lancashire, and medical evidence was also forthcoming as to the worthlessness of the article, so far as tonic properties were concerned. The case was finally dismissed, the magistrate following the case of Davidson v. MacLeod in 1877, where a sample of cream was held to be still cream, although of inferior quality, there being no legal standard for this article. This case, however, differs from the above, in that no evidence was forthcoming as to a reasonable standard for the article., whereas in the case of the Meat and Malt Wine, such evidence was given. In cases of this sort it has always been the practice of the magistrate to fix a standard of his own, and judge the case on its merits. If this judgment were used as a precedent, it would make it impossible to obtain a conviction for any adulterated foodstuff except where a definite legal standard or limit has been fixed, *e.g.*, milk, butter and spirits. Your Committee, therefore, decided to institute an appeal against the magistrate's decision, to the High Court of Justice. As a result of this appeal the case was sent back to the lower court for further consideration and restatement. The magistrate made no amendments to the case, and at the second hearing the Lord Chief Justice held that it must go back to him for the conviction of the vendor. As a result, the latter was fined £5 and £21 costs.

With regard to the appeal against the refusal of the magistrate to convict the defendant company, the latter's solicitor stated in Court that they did not make the mixture themselves, but bought it from another company. The Court dismissed this appeal with great reluctance for three reasons. 1. They were charged with aiding and abetting and they were not present at the sale. 2. There was no evidence to show that they knew the stuff to be what it was. 3. There was no evidence that they knew the retailer was not going to sell it subject to a warning that it contained very little meat and malt extract. He, however, would allow the company no costs. This judgment constitutes a moral victory for the prosecution, inasmuch as the Court only gave the decision with reluctance on strictly legal grounds.

Meat Roll.

During the early part of the year, several shops in the city commenced to sell a new form of meat product, which was exhibited in the shops in the form of a cylindrical roll. These were labelled as Ham and Tongue Roll, Chicken Roll, etc., and were sold at 1s. 4d. per pound. This seemed to exclude the presence, in any amount, of ham, tongue or chicken, and there was also present in each case about 10 to 12 per cent starchy filler, probably in the form of bread. Samples Nos. 6535 and 6536 were bought at the same retail shop. The manufacturer was approached and told that the roll contained no chicken. He was somewhat taken aback and admitted that this was the case, and further said that the material used was scrap pork. The various flavours were obtained by the addition of spices, etc. He promised that his labels should be altered so as to make it clear that the article was not made from chicken. Some weeks afterwards the same thing was still on sale under the same name, and as a result a formal sample was taken (No. 6847) at a shop supplied by a firm of provision merchants, who themselves obtained their supplies from the manufacturer. A day or two after the sample had been taken, the latter submitted some revised labels, in which the words "Chicken" and "Roll" appeared in the same large type as before, while the word "flavoured" appeared in extremely small type between them, and could not be read at a distance of a few feet. He was, of course, told that this was just as unsatisfactory, and was again advised that the words "chicken" and "flavoured" must be in the same size type. It seemed rather likely that the taking of the formal sample accounted for the revised labels, especially as after a lapse of a few days, a second label was received from the manufacturers which was satisfactory, reading, as it did, "Delicious Roll, Chicken Flavoured." Legal proceedings were instituted against the actual vendor under section 6 of the Sale of Food and Drugs Acts, and against the wholesaler and manufacturer for aiding and abetting. The wholesaler pleaded a warranty, and the case against him was dismissed.

In the case of the actual makers, the stipendiary held that, as they had sold to the wholesale dealer, they could not have aided and abetted the vendor, and the case was dismissed. The magistrate said that there must be a conviction in the case of the vendor, although morally innocent, and fined him 5s., but remarked that this by no means indicated the seriousness of the case and regretted his inability to convict the actual maker.

Formal sample No. 6821 was taken direct from the manufacturer. Your Inspector told the proprietor that an informal sample had previously been taken at a shop and found to contain no chicken and he admitted that that was the case. The composition of the sample was approximately, Beef 42 per cent, starchy filler 26 per cent, excess water 32 per cent, and it also contained 0·3 per cent boron preservative. Apart from the substitution of chicken and ham by beef, upon which count alone this sample was certified as adulterated, this was a very inferior article. He was prosecuted and fined £10 and £2 2s. costs. He stated in court that he was then selling the article under the name of "Beef Roll."

In the case of a third manufacturer, your Inspector visited the premises and asked the vanman for a tin of Chicken and Ham Roll. He promised to save one for the following morning, as it had all gone out. The next morning your Inspector called again and saw the same man, who fetched one of the partners of the firm. This gentleman was informed that the sample was for analysis, whereupon he said that he could not sell any to him, as it was all ordered. Your Inspector informed him that he could not legally refuse to sell it, and upon this the two partners held a consultation at the back of the premises. Finally the first one came out again and said that they had ceased making the roll. Your Inspector recounted the previous conversation, tendered payment again, and demanded a sample. This was again refused, and he was assured that they had ceased making it as from the previous day. There would be no more made so far as they were concerned. Afterwards it was admitted that the material contained no chicken. A summons was issued against the firm under section 17 of the Sale of Food and Drugs Acts, for refusing to sell to the Inspector after payment had been tendered. The case was dismissed on the ground that the article was not actually exposed for sale on the premises, as required by section 17, but this firm at once ceased making Chicken and Ham Roll.

Samples Nos. 6678 and 6944 were respectively informal and formal samples bought at a local shop supplied by a large firm in the south of England. From the analysis it seemed very likely that the article contained little, if any chicken. The price at which it was sold also precluded the possibility of the presence of any large amount. A few days later it was noticed that the firm had changed the labels attached to the tins sold in the City, all mention of its composition being omitted. This in itself was an admission of the uncertainty of their position, and it was judged desirable that the firm should be visited to see if any information could be obtained. Your Inspector and the writer saw the secretary of the firm, together with the works manager and the chief chemist. They obviously knew of the results of the prosecutions described, and said that their product contained both chicken and ham. It was insisted upon that the meat contained in an article described as chicken and ham roll should consist of chicken meat and ham only, but they considered this a "matter of opinion," and held that they were entitled to sell a mixed article under the above name. From the conversation it was fairly obvious that there was very little chicken or ham put into the roll, and finally the secretary agreed to see his directors and ask them to sanction the writing of a letter to the Medical Officer of Health to the effect that they had ceased selling this article under the name of Chicken and Ham Roll, and would market it in future under a trade name, without reference to its composition. This letter was received a day or two later, and the firm has since sold the roll under the revised name.

Letters were sent to the trade papers by the Medical Officer of Health, calling attention to the facts of the case and to the principle involved, and the sale of these products under their misleading labels has, it is believed, been finally stopped.

The above is an example of the way in which unscrupulous manufacturers can impose on the public. In about six weeks the trade in these articles grew to very large dimensions from a very small beginning and, if left undisturbed, their sale under their false descriptions would no doubt have become a "trade custom" and very difficult to deal with.

Custard Powder.

One of the three samples of custard powder examined had a statement on the label, "Made from real eggs," and in another part of the packet, "Contains eggs." On examination it was found that on a generous estimate not more than 5 per cent egg was present, and if calculated as dried egg, in which form it would be contained in the powder, there would, of course, be very much less. There was obviously no justification for such statements as the above in view of the facts, and a letter was sent to the manufacturers asking them to remove the offending statements, or else make a powder which corresponded with their claim for it. The firm replied by submitting fresh labels, which they proposed to use in future in place of the others, in which all mention of the presence of egg was omitted.

Malted Milk.

This preparation has been sold to a large number of small shopkeepers in the City by a traveller who has adopted a very ingenious procedure. He has sent into various shops asking the proprietor for a twopenny packet of malted milk. After having thus created an artificial demand for the article he has called at the same shops in the capacity of vendor of the malted milk, and in nearly every case he has managed to dispose of a box containing three dozen packets for 4s. 6d., taking the precaution of collecting his cash on the spot. He has left no address, and there has been neither name nor address on the packets. The preparation contained over 50 per cent cane sugar, about 10 per cent starch and a considerable amount of crude fibre. The amount of fat was very small. Genuine malted milk should contain neither sugar, starch nor fibre, but should consist of dried milk and malt extract only. The adulterated article would not mix properly with milk or water to form an emulsion as the genuine article does, but sank to the bottom of the container. It was, of course, unsaleable. It seemed hardly fair to prosecute shopkeepers, who had been imposed upon in this way, and a careful watch was kept for a long time in the hope of meeting the traveller, but he was not seen again, for obvious reasons. The shopkeepers concerned have all been warned, and asked to communicate with this department if anything more is seen of him.

Cocoa.

One sample of loose cocoa was found to contain 1/25 grain per pound arsenious oxide, which is rather an objectionable amount. A formal sample which was bought, however, proved to be genuine, and it was found that the whole of the stock of the contaminated cocoa was exhausted. The vendor was cautioned.

Olive Oil.

One sample of olive oil was found to be adulterated with a small quantity of a foreign oil, which was apparently cottonseed stearin. Another sample, bought from the same shop, was contaminated with a very small amount of the same adulterant, and this was returned as genuine. In neither case could a successful estimation of the amount be made and, in the circumstances, no further action could be taken.

Sausage.

Of the thirteen samples of sausage two from the same vendor were found to contain formaldehyde as a preservative. This is, by general consent, a most undesirable constitutent of any foodstuff. Its use has been prohibited by every country which has legislated on the subject of preservatives, and medical opinion is practically unanimous in condemning it as injurious to health. In this case a proprietary article had been used, which was merely a 6 per cent solution of formaldehyde. The formal sample, No. 7010, contained ·002 per cent formaldehyde when analysed, and probably much more was originally contained in the sausage, since the compound is extremely volatile. It appeared that the vendor had been warned a few years previously about this practice. Legal proceedings were instituted and the vendor was fined £1, evidence being given regarding the previous warning.

Tea.

Samples Nos. 7324 and 7369 were bought at retail shops and were each found to contain 8 grains per pound of iron fillings, and 20 per cent dust which partly consisted of chalk, sand, etc. Sample No. 7338 was a formal sample taken from the wholesale dealer supplying the shops, and contained 8 grains per pound of iron filings and 12 per cent dust consisting of chalk, sand, etc. The cause of the presence of iron filings in a sample of tea is rather obscure, but it may be due to wear on machinery at some stage of the manufacture. In any case, it is extremely unlikely that such a mixture as this would pass the Customs authorities. The tea seemed to have been made by mixing about 12 per cent of very impure tea dust, or, more likely, what is known in the trade as "sweepings," with an ordinary cheap tea. "Sweepings" consists of the dust, etc., which collects on the walls and ceiling of a blending manufactory and may contain a variety of impurities. This tea was being sold at 1s. 6d. per lb. and was being sold for obvious reasons, the cheapest genuine tea at the time being 1s. 8d. per lb. The packet was labelled, "Blended to suit the the water of the district," which in the circumstances seemed to call for a good deal of faith on the part of the purchaser.

The vendor was warned that as his own name appeared on the packet he was liable under the Sale of Food and Drugs Acts for selling tea not of the nature, substance, and quality demanded, and also that the matter must not be mentioned to the blender from whom he bought the tea, so that a sample might be obtained from the latter. He, however, disregarded the warning and informed the blender of the facts, and there was no option but to issue a summons against him, and he was convicted and fined £5.

Lemon Cheese and Lemon Curd.

Six samples of lemon curd and cheese have been examined and four of them did not conform to the standard laid down by your Committee in 1925, being deficient in egg solids and containing glucose syrup. According to the above standard, no other ingredients should be present except butter, sugar, eggs and lemon. Owing, however, to the enormous difficulties of taking a prosecution, no action has been taken with regard to these samples. Very great opposition would be put forward by manufacturers and others, and the chance of bringing the case to a successful issue would be very remote. The state of affairs in this connection is very unsatisfactory, but at present there does not seem to be any way out.

New-laid Eggs.

During the year two cases have been taken under the Sale of Food Order, 1921, section 8 of which reads, "A person shall not sell, offer or expose for sale, whether by wholesale or retail, as fresh eggs or new laid eggs, or under any description of which the words 'fresh' or 'new laid' form part, any eggs which have been imported into the United Kingdom, unless the description also includes the word 'Imported' or a word or words disclosing the country of origin."

In one case a large dairy issued an advertisement in a Manchester newspaper which contained the words, "Fine, large, new laid eggs, 1¾d. each," and there was no suggestion that the eggs were anything but genuine English new laid eggs.

Your Inspector visited one of the company's shops and ascertained that all the eggs sold by them were imported. A sample was bought by an agent two days later as "new laid eggs," and nothing was said regarding their origin. Another advertisement appeared in the paper shortly afterwards, with the word "imported" under the word "eggs," but this was after the firm was acquainted with the charges made.

The eggs were sold from a basket labelled "New laid eggs, imported," but it was argued that the notice was of no use, since if the purchaser asked for new laid eggs, he was entitled to receive new laid eggs and not imported eggs. The magistrate took the view that as regards the selling the defendant had complied with the order, and unwillingly dismissed the summons on this head.

On a second summons for offering for sale by means of an advertisement in a newspaper imported eggs as new laid eggs, he however, decided to convict, and a fine of £25 was imposed.

In another case new laid eggs were bought at a shop which was displaying them in the window labelled "New laid eggs." After the purchase was completed your Inspector asked if the eggs were what they purported to be, and after some hesitation it was admitted that they were South African eggs, and that it was the custom to pick out some of the best of the consignment to sell as "new laid." Legal proceedings were instituted and the vendor was fined £3.

In both these cases the summonses were taken out by the Chief Constable, as required by the Ministry of Food (Continuance) Act, 1920.

Drugs.

Eighty-four samples of drugs have been taken during the year, of which only 4 or 4·8 per cent have been returned as adulterated. This is a very satisfactory figure. The four samples concerned were all Seidlitz powders.

The blue paper of sample No. 7027 had an excess in weight of 18 per cent, and the white paper of 16 per cent. This is not of great importance, since both were in excess to practically the same extent, but the composition of the blue paper was incorrect, containing only 20·7 per cent bicarbonate instead of 25 per cent.

Sample 7029 was sold as "Double Strong Seidlitz Powder," but contained only 78·4 per cent Rochelle salt in the blue paper, instead of 85·7 per cent. Number 7030 was of the same composition, it also being sold as "Double Strong." A formula is given in the British Pharmaceutical Codex for "Double Strong Seidlitz Powder," in which, while the weight of the white paper remains the same, the blue paper contains twice as much Rochelle salt as an ordinary powder, *i.e.* 85·7 per cent instead of the usual 75 per cent. Samples of "Double Strong Seidlitz Powder" have been passed which contained both in white and blue packets twice as much of all the ingredients as an ordinary powder, *i.e.* they were simply two B.P. powders in one. The samples mentioned above did not comply with either of the above requirements.

Sample No. 7041 was sold as "Extra Strong," but the composition of the blue paper was the same as that of the ordinary B.P. article, although its weight was

50 per cent greater, while the weight of the white paper was 12 per cent deficient. A mixture of these two powders would be highly alkaline, instead of practically neutral, as it should be. An "Extra Strong Seidlitz Powder" has been passed as genuine if,

1. The weight of the blue and white paper were increased to the same extent (about half as much again), the blue paper having the same composition as the B.P. article; or

2. The amount of Rochelle salt in the blue paper was about half as much again as in the B.P. article, the weight of the white paper remaining the same.

The above sample complied with neither of these requirements. All the vendors of the adulterated samples were cautioned, and all agreed to modify their formulæ in the directions indicated.

Samples under the Milk and Cream Regulations 1912 and 1917.

1. MILK AND CREAM NOT SOLD AS PRESERVED CREAM.

	No. of samples examined for the presence of a preservative.	No. in which preservative was reported to be present.
Milk	994	0
Cream	5	0

2. CREAM SOLD AS "PRESERVED CREAM."

(*a*) (i.) Correct statements made..........	8
(ii.) Statements incorrect..............	0
	8

(iii.) Percentage of preservative found in each sample: 0·29; 0·32; 0·34; 0·33; 0·27; 0·35; 0·27; 0·23.

(*b*) Determinations made of milk fat in cream sold as "Preserved Cream":—

(i.) Above 35 per cent...................	8
(ii.) Below 35 per cent..................	0
	8

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of Preserved Cream in Article V (1) and in the proviso in Article V (2) of the regulations have not been observed:—

None.

(*d*) Particulars of each case in which the regulations have not been complied with and action taken:—

None.

Public Health (Preservatives, &c. in Foods) Regulations 1925.

These Regulations, with exceptions in the case of certain foods mentioned in an amendment, came into force on January 1st, 1927. They prohibit the use of any preservatives in foods except those mentioned in an attached schedule, and in these sulphur di-oxide (sulphites) or benzoic acid (benzoates) are allowed in certain definite amounts. In addition, the use is prohibited of metallic colouring matters, gamboge, and five injurious aniline dyes.

Certain foods, in which the presence of a preservative is allowed, *e.g.*, sausages, coffee extract, must be labelled to that effect in type of a definite size.

All articles intended for sale as food preservatives must bear labels giving the percentage of sulphur di-oxide or benzoic acid contained in them, and no preservative substance must be sold, the use of which would be contrary to the Regulations.

The exceptions referred to above, include bacon, ham, egg yolk, butter and cream, and foods into the preparation of which these articles enter, and the Regulations concerning these come into force at later dates. The whole of the Regulations will finally be in force by July 1st, 1928.

It should be noted that the Milk and Cream Regulations, 1912 and 1917, will be superseded by the new Regulations, and that no preservative will then be allowed in cream. At the same time, preservative will be prohibited in butter.

Miscellaneous Samples.

Sunlight Tests	1470
Human Milks	193
Milk	27
Tinned Milk	5
Dried Milk	1
Cocoa	7
Other Foods	13
Coke	4
Soap	31
Coroners' Cases	5
Paint	8
Asphalt	2
Fly Killer	1
Preservative Fluid	1
Formalin Solution	1
Urine	1
Hair	1
Tincture Rhei Comp.	1
Rainwater Gauges	49
	1821

The human milks were examined for the Child Welfare Department, and the samples of cocoa and soap were examined in connection with the half yearly tender submitted to the Health Department. The sample of fly killer, submitted by the Health Department was found to consist of kerosene. The sample of preservative fluid was taken in connection with one of the cases mentioned in the body of the report, and consisted of a 6 per cent solution of formaldehyde. The formalin solution, submitted by the Health Department, contained 37 per cent formaldehyde.

The eight samples of paint and the two of asphalt were examined for the City Engineer's Department and were all of good quality. One sample each of hair and urine were sent to me by the Salford Royal Hospital to be examined for arsenic, but none was found.

The five samples submitted by the City Coroner consisted of the organs of a person supposed to have died from hydrocyanic acid poisoning, but no cyanide was found, or any other poison.

The remainder of the samples do not call for any special mention, the " other foods " mainly consisting of samples taken in connection with the various investigations mentioned in the report.

Strength of Sunlight.

The 1,470 miscellaneous samples described as " Strength of Sunlight Tests " were taken in connection with an investigation carried out during the year with regard to the comparative amounts of sunlight received at four different stations, viz :—Regent Road, Ladywell Sanatorium, Drinkwater Park and Nab Top Sanatorium. The tests in connection with the first named station were carried out on the roof of the Health Department buildings and the other three in the grounds of the places named. The test consisted in the exposure of an acidified solution of potassium iodide, contained in a small glass bottle, in the presence of air. Free iodine is liberated by the action of the sunlight and the amount found is proportional to the light received. A fresh bottle was exposed every morning at each of the stations and the weekly or monthly totals gave a reasonably accurate measure of the comparative amounts of light in different districts.

The monthly totals are given in the appended table.

	Regent Road	Nab Top Sanatorium, Marple.	Ladywell Sanatorium.	Drinkwater Park.
January	37·4	74·1	47·6	41·8
February	55·1	82·1	81·6	86·8
March	128·2	146·7	135·1	149·3
April	98·9	122·1	113·1	113·3
May	225·0	242·1	240·3	243·4
June	199·9	218·7	225·2	242·3
July	245·8	230·4	210·1	225·4
August	219·3	243·0	229·5	248·0
September	198·8	179·4	171·6	183·2
October	127·3	126·3	113·9	129·3
November	43·5	47·3	50·1	39·9
December	34·5	34·4	36·8	44·5

Last year's coal stoppage, which lasted from May to October, was responsible for considerably less dust and smoke in the atmosphere and this effect would most probably be at a maximum during the last six months of the year, viz., July to December. By the beginning of July the effect of the stoppage with regard to coal stocks had begun to be acute, and the shortage was not made good until some time after the end of the dispute. In the table given below are the totals for the four stations for the two half yearly periods, January to June and July to December.

HALF-YEARLY TOTALS.

	Regent Road.	Nab Top Sanatorium, Marple.	Ladywell Sanatorium.	Drinkwater Park.
1st half year	744·5	885·8	842·9	876·9
2nd ,, ,, ...	869·2	860·8	812·0	870·3

The effect of the comparative absence of dust and smoke in the air during the first half year is striking. Whereas the totals for the outer stations are approximately the same for the two periods, the figure for the Regent Road Station for the second period was about 17 per cent higher than that for the first period, showing that the central area indirectly benefited by the stoppage, in that the amount of sunlight received during the period affected was much greater than it otherwise would have been.

It will also be noticed by reference to table one that, whereas during the earlier months of the year the figure for Regent Road was consistently lower than those for the other three stations, during the months affected by the stoppage it rose considerably in proportion, and for two months, July and September, it was actually higher than all the others.

For the whole year it will be noticed that Nab Top and Drinkwater Park gave practically the same figures, with Ladywell 5·0 per cent lower and Regent Road 7·5 per cent lower.

This investigation is being continued during the present year, and it is hoped that further interesting results will be obtained in the absence of any abnormal conditions such as affected the results for last year.

Atmospheric Pollution.

The work of examining the deposits obtained in special gauges placed at various points in the City, which has been described in the reports for the last three years, has been continued. At the present time the standard gauge is situate in Peel Park, and simpler types of gauges are situated in the grounds of Ladywell Sanatorium, in the centre of the recreation ground in Regent Square, and in the grounds of the Corporation Sanatorium at Marple, Cheshire.

In uniformity with the results expressed by other stations, of which there are a number scattered throughout Great Britain, the results are expressed in metric tons per square kilometre. The metric ton is equivalent to slightly more than the British ton. whilst there are 2·59 square kilometres in a square mile, so that to convert metric tons per square kilometre to tons per square mile it is necessary to multiply by 2·55 or, roughly, 2½.

The following are the average results that have been obtained during the year. The contamination of the Ladywell area is rather less than that of the other two

City areas, whilst, as was to be expected, the atmosphere at Marple is, comparatively speaking, " pure."

In order that comparison may be made with other districts the average figure has been included in the table for the gauge giving the least deposit, that is the one at Leeds-Headingley, and also for that giving the greatest deposit, the one at Newcastle. These figures are however not yet available for the year 1926, and average figures of the results obtained from April, 1925, to March, 1926, are given in place.

AVERAGE MONTHLY FIGURES FOR 1926.

		Salford : Peel Park.		Salford : Ladywell Sanatorium.		Salford : Regent Square.		Marple : Salford Sanatorium.		* Newcastle : City Road,		* Leeds : Headingley.	
Rainfall in Millimetres		73·47		76·64		78·83		78·63		55		53	
Tar.	Insoluble Matter.	0·80	8·57	0·81	7·40	0·83	8·49	0·27	2·31	0·54	23·89	0·04	1·08
Carbonaceous other than tar.		2·91		2·90		3·49		1·20		9·80		0·53	
Ash.		4·86		3·69		4·17		0·84		13·55		0·51	
Loss on ignition.	Soluble Matter.	2·69	4·14	1·18	2·90	1·57	3·72	1·03	1·97	2·21	6·98	0·70	1·71
Ash.		1·45		1·72		2·15		0·94		4·77		1·01	
Total Solids		12·71		10·30		12·21		4·28		30·87		2·79	
Sulphates.	Included in Soluble Matter.	2·12		1·52		1·99		0·88		0·27		0·51	
Chlorine.		1·16		1·09		1·30		0·80		0·61		0·47	
Ammonia.		0·03		0·07		0·13		0·05		0·20		0·05	

* Newcastle and Leeds figures are computed from April 1st, 1925 to March, 31st, 1926.

SECTION VII.

Maternity and Child Welfare and Supervision of Midwives.

The Staff consists of three Lady Medical Officers, an Assistant Inspector of Midwives, 16 Health Visitors, two Masseuses, and five clerks. It is the duty of the Medical Officers to conduct all examinations of mothers and children attending at the Clinics and at the Centres. The Senior Medical Officer supervises the visiting and assists in the administrative work of the Department. Each Health Visitor is allotted a district, to the visiting of which most of her time is devoted, and a record is kept of all details connected with the sanitary state of the house and the health of its occupants. In addition, the Health Visitors carry on the work at the various Mothers' Centres in the City.

The Work of the Health Visitors.

During the year 1926, the whole of the Wards in the City were visited by the Health Visitors.

The following table gives the number of visits paid by the Health Visitors in the various Wards, and the number of babies and expectant mothers visited during the year 1926 :—

TABLE C.W. 1.

Wards.	Total No. of Visits to Homes in 1926.	First Visits to Homes of Babies.	No. of Visits to Expectant Mothers.
Kersal	1373	159	41
Mandley Park	2363	259	71
Albert Park	2656	443	63
Trinity	3273	347	117
St. Matthias'	3429	375	141
Crescent	3041	443	87
St. Thomas	2851	297	96
Charlestown	2542	341	105
Claremont and Weaste	2404	262	52
Seedley	1875	192	28
Langworthy	1217	159	19
Regent	1391	258	15
Docks	2400	174	50
St. Paul's	1808	288	62
Ordsall Park	2635	311	30
	35258	4308	977

The following is a summary of the work done in Salford by the Visitor employed by the Manchester Jewish Ladies' Visiting Association.

January to December, 1926

House to House	933
Special	92

Municipal Maternity Home and Babies' Hospital.

This Institution, with accommodation for 10 maternity cases and 18 sick babies, admitted its first case on the maternity side on March 21st, 1925. As this was somewhat in the nature of an experiment, it is gratifying to the Committee to find that it has fully justified all expectations. Both the maternity section and the babies' section have been absolutely full since the opening, and there is a large and constant demand for beds on both sides, so much so that it has been found necessary to open a Waiting List of mothers wishing for accommodation in the Maternity Home, in case chance vacancies should arise. In these cases, it is always suggested that they should make alternative arrangements.

The first baby cases were admitted on the 16th April, 1925.

An Artificial Sunlight Lamp was installed on the Babies' side of the Hospital in June, 1926. It is used at least three times a week for the baby patients, and undoubtedly great benefit has resulted in practically all cases. The mental and physical vitality of the children has shown a marked improvement, and the rickety cases have seemed to attempt to walk sooner when compared with cases in the Hospital before the Sunlight Lamp was installed.

MATERNITY SIDE.

The following cases have been admitted during the year 1926:—

For special ante-natal treatment	30
For confinement	208
Cases referred to Hope Hospital for confinement	2
Cases treated and not returned for confinement	3
Cases requiring medical assistance	22

Maternity = 18
Babies = 4

Number of babies born in the Home—

Males	82
Females	117
Stillbirths	11
Babies died	8

BABIES' SIDE.

Number of new cases admitted during 1926 = 62

Rickets = 31 } 62
Wasting, etc. = 31 }

Cases discharged = 56

Cured = 41
Much improved 8
Transferred to other Hospitals = 4
Deaths 7
Taken out at parents' request .. 3

All cases for the Maternity Home attend a special Ante-natal Clinic which is held at Regent Road Clinic on Friday afternoon, in order to reduce any possible complications at the confinement to a minimum.

Ante-natal Work.

The work of the Ante-natal Department has shown a most marked increase, both in the number of attendances and in value. The mothers are very much appreciating the complete examinations which they obtain at the Ante-natal Clinics. It has been possible through this work to prevent the onset of serious complications, and to advise special treatment where some abnormality has been present.

Under the new regulations of the Midwives' Act it has become necessary for midwives either themselves to thoroughly examine their patients ante-natally, or to get the patients' own doctor or a clinic doctor to do so. This has meant a larger number of cases attending the Ante-natal Clinics, and the increase noticed in this year's record shows every sign of further increasing in the forthcoming year.

Ante-natal advice is given at the following Sessions :—

Regent Road	Thursday	9 a.m. to 11 a.m.
	,,	2 p.m. to 3 p.m.
	Friday	2 p.m. to 3 p.m.
Teneriffe Street	Thursday	2 p.m. to 4 p.m.

Maternity and Child Welfare Clinics and Centres.

The practical side of the Maternity and Child Welfare work is carried on at the Clinics and Centres scattered throughout the City. At these, children up to five years of age are weighed, and mothers can obtain medical advice for themselves and the children.

The two Clinics, which are open daily, provide special facilities for the examination and treatment of ailing children requiring more frequent medical supervision than can be obtained at the Child Welfare Centres.

At the nine Centres the children are weighed, and the mothers can seek advice from the doctor *re* the feeding and general care of the infants.

When the children attending the Clinics improve in health, many of them are passed on to the Centre nearest to their homes. Also, any children attending one or other of the Centres, who require treatment, are referred to the nearest Clinic.

MATERNITY AND CHILD WELFARE CLINICS.

There are two Clinics in the City, namely, Regent Road, Salford, and Teneriffe Street, Broughton.

Regent Road Clinic is open five mornings per week, and Teneriffe Street Clinic is open five afternoons per week.

Thursday in each week is set apart at both Clinics for expectant and nursing mothers who require medical advice for themselves. Thus, skilled attention is available for the child from the time of its conception to the time at which it is passed on to the care of the School Medical Officer.

MATERNITY AND CHILD WELFARE CENTRES.

There are nine Child Welfare Centres in the City, namely :—

Ordsall Centre, Ordsall Hall, Salford.

Chapel Street Centre (Rosamond Street extension), Coombes Chapel, Chapel Street, Salford.

John Street Centre, John Street Hall, Pendleton.

Seedley Centre, St. John's Wesleyan School, Langworthy Road, Pendleton.

Enys Street Centre, Enys Street School, Whit Lane, Pendleton.

Woodbine Street, Woodbine Street School, Cross Lane, Salford.

Regent Road Centre, 139, Regent Road, Salford.

Teneriffe Street Centre, Teneriffe Street, Broughton.

Irlams-o'th'-Height Centre, Congregational Church, Irlams-o'th'-Height.

At each Centre an afternoon is set apart for the weighing of the children, and at Chapel Street, Langworthy Road, Enys Street, and Ordsall, an additional morning session has been found necessary. All children are medically examined at their first attendance, and periodically afterwards, and, in addition, any children who are not gaining satisfactorily, or are ailing, are examined. Expectant and nursing mothers who are in need of advice are also seen, but are referred for detailed examination to one of the Ante-natal Clinics.

At Ordsall, Rosamond Street and John Street Centres, expectant and nursing mothers are able to obtain dinners on every full working day at a nominal price, of which every advantage is taken. It is due to the generous help of private persons that this work is able to be conducted satisfactorily without undue call being made upon the time of the professional staff.

On other days at Ordsall, Rosamond Street, John Street, Enys Street, and Teneriffe Street practical classes and demonstrations are held in sewing, and at John Street and Rosamond Street classes are also held in cookery and the general hygiene of pregnancy and of the infant.

The Health Visitor for the district in which the Centre is situated helps with certain of these classes, and other workers assist in caring for the babies, so that the mothers may enjoy the benefit of the lessons undisturbed. Much interest has been taken in these classes during the past year.

All cases attending at the Clinics and Centres are "followed up" in the homes by the Health Visitors, who help the patients to carry out the instructions given.

The following figures show the number of attendances at the Clinics and various Centres during the year 1926:—

TABLE C.W. 2.

CLINICS & CENTRES.	No. of New Cases Children.		No. of New Cases. Mothers.		Total Attendances.				Grand Total Attendances.	Consultations.			
					Mothers.		Children.			Children.		Mothers.	
	Under 1.	Over 1.	Expectant.	Nursing.	Expectant	Nursing.	Under 1.	Over 1.		Under 1.	Over 1.	Expectant.	Nursing.
C.W. Clinic	425	405	461	153	1691	883	2935	3554	10507	1901	1867	1691	883
Ordsall Hall............	160	46	10	102	29	1170	2627	812	4956	350	179	34	41
Chapel Street	272	80	32	73	129	1224	3566	2204	7580	723	340	129	137
John Street, Pendleton..	222	78	13	112	23	1141	3563	1496	6648	542	329	23	61
Seedley	313	54	12	117	25	931	4154	996	6602	697	289	25	42
Enys Street	229	53	17	72	33	940	2699	1889	5932	560	469	33	81
Regent Road	254	138	4	113	7	702	2217	2045	5480	759	635	7	25
Woodbine Street	158	45	7	80	9	527	1867	495	3188	338	139	9	30
Teneriffe Street	27	21	..	8	..	39	179	128	402	..	..	..	..
Teneriffe Street Clinic....	621	259	108	199	255	577	6254	4284	12557	2490	1718	255	577
Irlams-o'-th'-Height	129	27	10	62	14	596	1570	421	2829	458	154	11	52
	2810	1206	674	1091	2215	8730	31631	18324	66681	8818	6119	2217	1929

Milk Scheme.

A number of very deserving cases have been assisted under the above scheme, and the admirable results are increasingly evident, the individual improvement of the babies being observed as they are brought to the various centres to be weighed each week.

Up to the end of December, 1926, assistance has been given to 1,173 applicants, free milk being granted to 1,115 and milk at part-pay to 58.

Massage.

During the current year massage treatment has been given at the Clinics and at John Street, Rosamond Street, Ordsall and Enys Street. Owing to the large number of cases needing treatment in this Department, it has been found necessary to appoint an additional masseuse to cope with the work, and we have now two masseuses fully occupied daily.

The results of the treatment in all cases where mothers will continue to bring the children regularly and for a sufficient length of time are very satisfactory, and complete cures have been effected in a large number of cases, as will be seen by the figures in the statement below. Quite a number still retained on our books are practically ready for discharge. No case is officially discharged without being first thoroughly examined by the doctor; some cases, however, which are really fit for discharge, cease attending and thus miss the official discharge.

Most of the mothers take a keen interest in this work, and are very willing to carry out the advice given to them with regard to the children who are receiving treatment.

During the year 1926 the following cases have been dealt with :—

Clinics and Centres.	No. of Regular Cases.	No. of Casual Cases.	Cases Discharged Cured.
Regent Road	198	48	51
John Street	50	54	9
Rosamond Street	20	28	1
Teneriffe Street	55	57	10
Enys Street	39	38	7
Ordsall	39	33	3
TOTAL	401	258	81

One of the above cases was transferred to the out-patient department of the Manchester Royal Children's Hospital.

Midwives' Act.

There are 90 midwives on the register in Salford; 4 are connected with a public institution and 6 are not practising, leaving 80 practising midwives, of whom 70 reside within the City.

PARTICULARS OF QUALIFICATIONS.

	Bona-fides.	St. Mary's Hospital.	London Obstetrical Society.	Central Midwives' Board.	Total.
Practising Midwives	3	7	6	64	80
Non-practising Midwives	—	—	2	4	6
Maternity Nursing	—	—	—	—	—
Institution Nurses	—	—	—	4	4
Totals	3	7	8	72	90

The midwives are regularly visited, and their books, instruments, &c., inspected by the Assistant Inspector, under the supervision of the Medical Officer, and the midwives are encouraged to consult with the Medical Officer when cases of difficulty arise. During the year 12 midwives removed from the district, 8 of these from the Royal District Nurses' Home, The Crescent; 6 changed their address; 9 midwives were newly registered; 2 ceased to practise, 1 changed from Maternity Nurse to Midwife. During the year 1926, 3,313 births were attended by midwives alone, and 307 cases were attended by doctors and midwives acting as Maternity Nurses.

Puerperal Fever.

Seventeen cases of puerperal fever were notified during the year; 1 occurred in connection with a miscarriage in St. Mary's Hospital and one was a doctor's case. Of the remaining 15 cases, 5 midwives had 1 case each and 4 had two cases each, and 2 cases were attended by St. Mary's Hospital Nurses. They were thoroughly enquired into, and every care taken to prevent the spread of the disease.

On notification, each case is inspected. The house is visited by the Assistant Inspector of Midwives and the patient is removed by Doctor's orders (except in one or two special cases), to Ladywell Sanatorium or Hope Hospital. Full details concerning the onset of the illness are taken from someone in the house in authority, and questions are asked as to the Midwife's regular visiting, cleanliness, etc. The patient's bedding is taken away for disinfection, and the room is disinfected. The house is visited later to see that disinfection is satisfactory. The Midwife is interviewed and particulars taken of the case, also a resumé of any work done since last seeing the infected person. She is temporarily suspended in order that she may go to the Disinfecting Station to have a disinfecting bath, and have her clothes, instruments and bag disinfected. Should she have visited other patients, not being aware of infection at the time, these are seen by the Assistant Supervisor, temperature and pulse taken, and their condition generally noted. The Midwife is warned to take special precautions regarding them, to watch carefully, and send for the Doctor without delay if at all anxious about them. In a case of suspected Sepsis, the Midwife sends for the Doctor, reports to the Health Office, and is temporarily suspended until she hears the Doctor's decision, or as an alternative she may devote herself to the one patient, and pass on her other duties to another Midwife.

Disinfection.

Sixteen Midwives were disinfected at Mode Wheel on account of having been in contact with a notifiable infectious disease other than puerperal fever ; and 8

Midwives were instructed to take disinfecting baths at home. Ten Midwives were disinfected at Mode Wheel on account of having been in contact with Pemphigus Neonatorum. In 15 cases in which it was found that the rash had developed after the Midwives had ceased to attend the patients, the Midwives had disinfecting baths at home.

Notifications.

1,453 notifications of calling in medical practitioners have been received, the causes being the following :—

Abnormal Presentations	59
Deformed Pelvis	17
Antepartum Hæmorrhage	42
Placenta Prævia	7
Postpartum Hæmorrhage	27
Uterine Inertia	51
Obstructed labour, or requiring instrumental assistance	315
Retained Placenta or Membranes	47
Ruptured Perineum	337
Rise of Temperature	22
Eclampsia	2
Premature Birth	49
Miscarriage and Abortion	24
Inflammation of Eyes	174
Other causes relating to Mother	156
,, ,, ,, Child	124
Total	1,453

Sixteen notifications of contact with infectious disease were received.

Sixty-three notifications of artificial feeding, 85 still-births and 64 deaths of infants were notified by Midwives during the year.

Investigation of Stillbirths and Infant Deaths.

Each case occurring in Midwives' practices is thoroughly investigated by the Assistant Inspector of Midwives.

As practically every mother now receives Ante natal care where there is a history of previous stillbirth, the mother is advised to seek medical advice from her own Doctor, the Welfare Clinics, St. Mary's Hospital, or other kindred institutions, and in most cases this advice is followed out.

Out of the 85 stillbirths occurring in Midwives' practices there were :—

2 Abnormal presentation.
52 Premature.
1 Hydrocephalus, 1 Anencephalus.
1 Spina Bifida.
16 With history of previous Stillbirth.
12 Born before arrival of help (7 of these were macerated).
4 cases of one twin.
39 Macerated.
2 cases of Antepartum hæmorrhage.
4 Strangulation by cord.
6 cases of illness of mother.
5 cases when mother had had a bad fall or shock.

Death of Newly-born Infants (no Registered Practitioner being in Attendance at the Birth).

Inquests were held in connection with 2 Infant Deaths occurring in the practice of Midwives. Of these :—

1 died from convulsions. (ill defined).

One was born before arrival of Midwife, and died from inattention at birth.

When necessary, the Assistant Inspector attends the inquests.

In addition, 62 notifications of infants deaths were received, medical practitioners being called in each case.

The causes of deaths were as follows, viz, :—

Prematurity	29
Asphyxia Neonatorum and Congenital Debility	1
Congenital Debility	20
Diseases of Brain and Nerves	6
Other Defined Diseases	6

Ophthalmia Neonatorum.

During the year 1926, 50 cases of Ophthalmia Neonatorum were notified, 17 of these being notified or re-notified by the Medical Staff of the Royal Eye Hospital.

Of the 50 cases notified—

33 occurred in the practice of Midwives.
2 were attended by Doctors.
3 were notified from Hope Hospital.
8 were attended by St. Mary's Hospital Nurses.
2 were notified from St. Mary's Hospital.
1 was notified from Crumpsall Union (not seen).
1 was notified from Hope Union (not seen).

These cases are visited, on notification, by the Assistant Inspector of Midwives, and where necessary a District Nurse is sent to give treatment under Doctor's orders.

In 26 cases both eyes were affected, and in 22 cases one was affected. Two cases were not seen. There were 5 very bad cases, 5 bad cases, 13 slight cases, 25 very slight cases, and 10 cases were referred to the District Nurses, who paid 369 visits. 144 visits were paid by the Assistant Inspector of Midwives, who also visited all cases of inflammation of the eyes notified under the Midwives' Act, to which she paid 381 visits.

Of the 50 cases—

47 recovered without injury to sight.

1 case resulted in impaired vision of both eyes. This case is attending the Royal Eye Hospital.

As the Midwives are all very anxious to avoid any trouble with regard to eyes, they are prompt in sending for medical help at the least sign of discharge or inflammation, so that the majority of cases are quite slight.

Ophthalmia Neonatorum.

Notified.	Cases. Treated.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	At Home	At Hospital.					
		Out-P.	In-P.				
50	29	17	4	47	1	Nil.	Nil.
(Two cases not seen owing to their being in Institutions.)				(Two cases not seen.)			

Pemphigus Neonatorum.

There has been a decided decrease in the number of cases of this disease during the year 1926, as compared with 1925. One noticeable feature has been the difference in the age of the infants affected, those this year not having been attacked at quite so early an age as cases last year.

The number of cases which occurred during 1926 is 33, 3 having proved fatal, one of which was undoubtedly specific.

Of the 33 cases :—

12 were affected on the body.
3 were affected on the body and head.
1 was affected on the body and face.
1 was affected on the limbs.
1 was affected on the face.
3 were affected on the face and limbs.
7 were affected on the head.
5 were affected on the head and limbs.

The age at which the disease started varied from the fifth day to three years, the period of greatest infection being from the seventh to the eleventh day.

Most of the cases occurred in the Midwives' practices.
2 were Doctor's cases.
2 were St. Mary's Hospital cases.
1 was from the District Nursing Association, and
28 were Midwives' cases.

All the Nurses involved were disinfected at the Corporation Disinfecting Station, and every care was taken to prevent the spread of infection.

When the disease started during the first 10 days, the cases were taken over from the Midwives and nursed by a trained Midwife and Nurse belonging to the Health Department.

TABLE C.W. 3.—NOTIFICATION OF BIRTHS.

WARD.	Still Births Notified.	Total Live Births Notified.	Births Notified by Midwives.	Births Notified by Medical Prac-titioners.	Births Notified by Parents and other persons.	Births in St. Mary's Hospital and Salford Union	Births in Municipal Maternity Home.	Live Births not Notified.
Kersal	11	183	105	63	..	9	6	14
Mandley Park	7	253	192	37	1	17	6	6
Albert Park	13	284	161	89	1	29	4	7
Charlestown	10	349	275	28	1	27	9	8
St. Matthias'	19	351	257	61	1	25	7	2
Trinity	16	312	134	104	1	65	8	3
St. Thomas'	10	292	238	15	..	22	17	12
Claremont	3	85	22	47	4	3	9	4
St. Paul's	19	312	255	13	1	28	15	2
Seedley	3	152	59	62	4	3	24	5
Langworthy	8	162	110	19	1	13	19	2
Weaste	12	194	117	21	5	34	17	7
Regent	26	362	268	36	2	34	22	1
Docks	12	213	140	33	1	22	17	2
Crescent	22	477	341	62	1	63	10	4
Ordsall Park	17	412	349	11	5	38	9	4
	208	4384	3023	701	29	432	199	83

TABLE C.W. 4.

SUMMARY.

BIRTHS.

Registered: Legitimate, 4,349; Illegitimate, 162; Total, 4,511.
Notified: Live births, 4,384; Stillbirths, 208; Total, 4,592.
By Midwives, 3,023; by Parents, Doctors and Institutions, 1,361.

Un-notified Births = 83.

INFANT DEATHS (UNDER 1 YEAR).

Number: Legitimate, 434; Illegitimate, 30; Total, 464.
Rate per 1,000 births: Legitimate, 100; Illegitimate, 185; Total, 285.

MIDWIVES.

Number practising in district: Trained, 77; Untrained, 3.
Number of visits paid: Routine and special, 438.

HEALTH VISITORS.

Visits paid by Health Visitors during year:—
To Expectant Mothers: First visits, 972; Total visits, 977.
To Children: First visits, 4,308; Total visits, 35,258.
To Mothers and Children: Total visits, 36,235.

	No. of cases notified.	No. of visits.	No. of cases nursed.	No. of cases removed to hospital.
Ophthalmia Neonatorum	50	144	8	—
Puerperal Fever	17	42	—	14
Measles (all ages)	—	—	—	—

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